BINDING

FOR

OCCUP

CAUSE TION is

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.

9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example II Example I The principal cause of death and related causes The principal cause of death and related causes Date of onset Date of onset of importance were as follows: of importance were as follows: Arteriosclerosis 1915 Attack of epilepsy 1 week ago Chronic interstitial nephritis 1921 Run over by street car 1 week ago Cerebral hemorrhage Julu 5.1927 Peritonitis 3 days ago Other contributory causes of importance: Other contributory causes of importance: Gallstones May 1,1923 Gastroenteritis 1 year

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V. S. No. 1

STATE OF MARYLAND—	CERTIFICATE OF DEATH 116649
1. PLACE OF DEATH	<u> </u>
County Perses	Registration Dist. No. 245
Village or City Ligallantly Well	No. 2 / Clullus Ave St., Ward death occurred in a hospital or institution, give its NAME instead of street and number)
	ds. How long in U.S. if of foreign birth?
2. FULL NAME Slittly ander	aw.
(a) Residence: No. 2/ Chelling Que. / Lega	Ustal Usal.
(Usual place of abode)	If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE OR DIVORCED (write the word)	21. DATE OF DEATH  (Month)  (Day)  (Fear)
5a. If married, widowed, or divorced HUSBAND of	22.   I HEREBY CERTIFY, That I attended deceased from
(or) WIFE of	25 , 193 4 , to
6. DATE OF BIRTH (month, day, and year)	I last saw h alive on, 19; death is said
7. AGE Years Months Days If LESS than	to have occurred on the date stated above, at 1145 P.m.
1 day,—hrs.	The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:
8 Trade profession or particular	Reneglar brille Date of onset
kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc	(4 mus)
Work was done, as SILK MILL,  SAW MILL, BANK, etc	
kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc.  9. Industry or business in which work was done, as SINNER, SAW MILL, BANK, etc  10. Date deceased last worked at this occupation (month and year)  11. Total time (years) spart in this occupation	
12. BIRTHPLACE (city or town) Ly altraly, und	Other Contributory Causes of Importance:
13. NAME JOHAS MI. CAA CAASAA	
13. NAME Lewis W. Cudlysy  14. BIRTHPLACE (city or town) Un fruits	Name of according
(State or country)	Name of operation Date of Was there an autonomic and the confirmed diagnosis? Was there an autonomic and the confirmed diagnosis? Date of
15. MAIDEN NAME GRANE GARAGE	What test confirmed diagnosis?
16. BIRTHPLACE (city or town) Pulars	Accident, suicide, or homicide? Date of injury, 19
(State or country)	Where did injury occur?
17. INFORMANT Sadys, M. 1 Midusoug  (Address) - 1 College (1)	(Specify city or town, county and State) Specify whether Injury occurred in INDUSTRY, in HOME, or In PUBLIC PLACE.
18. BURIAL, CREMATION, OR REMOVAL	Manner of injury
Place Date 19	Nature of injury
19. UNDERTAKER	24. Was disease or Injury in any way related to occupation of deceased?
20. FILED an. 29", 1934 Ms. Jao. Seven	(Signed) Server and M. D.
	1411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

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9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

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Example I		Example II		
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset	
Arteriosclerosis	1915	Attack of epilepsy	1 week ago	
Chronie interstitial nephritis	1921	Run over by street car	1 week ago	
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago	
RUREAU V. S.				
Other contributory causes of importance:		Other contributory causes of importance:		
Gallstones	May 1,1923	Gastroenteritis	1 year	
	-			

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infor-OCCUPA 1. PLACE OF DEAT Should County Registration Dist. No. Village or City (If death occurred in a hospital or institution, give its NAME instead of street and number) S Length of residance in city or town where death occurred. How long In U.S. it of foreign birth? statement PHYSICIAN 2. FULL NAME ORD. (a) Residence: No. Ward (Usual place of abode) If nonresident give city or town and State MEDICAL CERTIFICATE OF DEATH PERSONAL AND STATISTICAL PARTICULARS 3. SEX 21. DATE OF DEATH 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED. OR DIVORCED (write the word) ma. (Month) (Day) 5a. If married, widowed, or divorced HUSBAND W CERTIFY. 22. That t attended deceased trom (or) WIFE of 图 certificate. 6. DATE OF BIRTH (month, day, and year) properl 7. AGE Years Months If LESS than 1 day .....hrs. The PRINCIPAL CAUSE OF DEATH and related causes of Importance or ..... min. were as follows: Date of onse 8. Trada, protassion, or particular THIS kind of work dona, as SPINNER, Jo OCCUPATIO SAWYER, BOOKKEEPER, atc. back may should 9 Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc.... UNFADING INK 10. Dato deceased last worked at on 11. Total time (yaars) spent in this 5 this occupation (month and octupation \_ instructions Other Contributory Causes of 12. BIRTHPLACE (city or town) (State or country) supplied. FATHER 13. NAME See 14. BIRTHPLACE (city or town) plain (State or country) be carefully What test confirmed diagnosis? WILLE Was there an autopsy?\_ MOTHER important. 15. MAIDEN NAME 23. It doubt was due to external causes (VIOLENCE) fillin also the following: in Accident, suicide, or homicide?\_\_\_\_\_ Date of injury\_\_\_\_\_ 16. BIRTHPLACE (city or town) (Stata or country Where did injury occur?\_\_\_. (Specify city or town, county and State) Specity whather Injury occurred in INDUSTRY, In HOME, or In PUBLIC PLACE. 17. INFORMANT should (Address) OF 18. BURIAL, CREMATION, OR Mannar of infury -WRITE AUSE mation LION Nature of injury 24. Was disease **19. UNDERTAKER** U (Address) If so, specify (Signed) 20. FILED Registrar. If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

STATE OF MARYLAND—CERTIFICATE OF DEATH

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

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11.—The number of years the deceased followed the occupation.

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Example I		Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
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Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
Other contributory causes of importance:	-1	Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

V. S. No. 1

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STATE OF MARYLAND—	CERTIFICATE OF DEATH
1. PLACE OF DEATH	00651
county Truce georges	Registration Dist. No. 257
Village or City meadowg	NoSt.,Ward
	death occurred in a horpital or institution, give its NAME instead of street and number) ds. How long in U.S. if of foreign birth?yrsmosds.
2. FULL NAME Ennest Sotson	
(a) Residence: No. meadono	St., Ward.
(Usual place of abode)	If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE Colored 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (wing the goord)	21. DATE OF DEATH  (Month)  (Day)  (Year)
5a. If marriad, widowed, or divorced HUSBAND of	22. I HEREBY CERTIFY, That Lattended deceased from
(or) WIFE of	
6. DATE OF BIRTH (month, day, and year) July 26, 185 L	I hast saw h alive on, 19; death is said
7. AGE Years Months Days If LESS than 1 day,hrs.	to have occurred on the date stated above, atm.
37 38 6 4 1 day,nrs.	The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:
8. Trade, profession, or particular kind of work dona, as SPINNER,	Exposure la Cald.
Wind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc.  9. Industry or business In which work was done, as SILK MILL, SAW MILL, BANK, etc.  10. Date deceased last worked at this occupation (menth and	
Work was done, as SILK MILL, SAW MILL, BANK, etc.	
10. Date deceased last worked at this occupation (menth and 1934)	
	Other Contributory Causes of importance:
12. BIRTHPLACE (cit) actown) (State or country)	accelera.
13. NAME Herrson Patan	
13. NAME HELISON 14. BIRTHPLACE (city or town)	Name of oparation Date of
(State of country)	What test confirmed diagnosis? Was there an autopsy?
15. MAIDEN NAME Thennie Vonge	23. If death was due to external causes (VIOLENCE) fill in also the following:
15. MAIDEN NAME Remail Vonge 16. BIRTHPLACE (city or town)	Accident, suicide, or homicide? Gas Claudite of injury, 19.
(State or country)	Where did injury occur? Made (Specify city or town, county and State)
17. INFORMANT (Address)	Specify whether injury occurred In INDUSTRY, in HOME, or in PUBLIC PLACE.
18. BURIAL, CREMATION, OR REMOVAL	Manner of injury
Placa Meadons Date Het / 1932	Nature of injury Frozen to Leadly
19. UNDERTAKER Prisonie Bros	24. Was disease or injury in any way related to occupation of deceased?
(Address) When Marthy Ma	If so, specify Hurry 9 Christian
20. FILED Flet 1 , 19 3 4 P Corned Smith. Registrar.	(Signed Address) Jacoballe M. D.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

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Example I		Example II	
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Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
BURRAU V, S			
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

V. S. No. 1 B of OCCUPA-

STATE OF MARYLAND—	CERTIFICATE OF DEATH
1. PLACE OF DEATH	(06-20)
County / ren e Tenge	Registration Dist. No.
Village or City Bladenshing Mid	NoSt.,Ward death occurred in a hospital or institution, give its NAME instead of street and number)
Length of residence in city or town where death occurredyrsmos.	
2. FULL NAME Charles Edward Ba	who
(a) Residence: No. Pro	St., Ward.
(Usual place of abode)	If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE OR DIVORCED (write the word)  Male Closed  S. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)	21. DATE OF DEATH  facus ary 2 0 193 (Year)  (Month) (Oay) (Year)
5a. If married, widowed, or divorced HUSBANO of (or) WIFE of	22. I HEREBY CERTIFY, That I attended deceased from
6. DATE OF BIRTH (month, day, and year) Que 27- 19.3.3	last saw h alive on, 19; death is said
7. AGE Years Months Days If LESS than	to have occurred on the date stated above, at
9 1 day,hrs.	The PRINCIPAL CAUSE OF DEATH and related causes of Importanca were as follows:
8. Trade, profession, or particular kind of work dona, as SPINNER,	natural Causes
kind of work dona, as SPINNER, SAWYER, BOOKKEEPER, etc.  9 Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc.  10. Data deceased last worked at this occupation (month and spent in this spent in this	Lls 1x / Wells 1
work was done, as SILK MILL, SAW MILL, BANK, etc.	Tyallrolle, My Desilad
0 10. Data deceased last worked at this occupation (month and spent in this	A to to and
year) occupation occupation	Other Contributory Causes of importance:
12. BIRTHPLACE (city or town) Bladenslung	Cause of death: Claute bronchitis Cong
(State or country) 7md	Statement by mother of children
13. NAME Fash Brooks  14. BIRTHPLACE (city or town) College Fask  (State or country)	8
14. BIRTHPLACE (city or town) 1 1992 (State or country)	Name of operation
	23. If death was due to external causes (VIOL ENCE) fill in also the following:
15. MAIDEN NAME 15. MAIDEN NAME 16. BIRTHPLACE (city or town)	Accident, suicide, or homicide? Date of Injury, 19
State or country)	Where did injury occur?
17. INFORMANT East B Brokes (Address) Blackensbury md	(Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.
18. BURIAL, CREMATION, OR REMOVAL	Manner of injury
Place Dadous bring Male Jan 2 , 1934	Nature of injury
19. UNDERTAKER & Danalis Syns	24. Was disease or injury in any way related to occupation of deceased? Child.
(Address) Bladenslang md	If so, specify
20, FILED Jan 20, 1934 Helenglack	(Signed) M.D. (Address) Backung Ama C MC

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

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Example I		Example II	
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Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage   BILDEAT V. S.	July 5,1927	Peritonitis	3 days ago
			100
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

For an	thornates	in of date of	berth see	frittle	certif
1.	1)	0. name/	Lo	6.	4/

V. S. No. 1

18. BURIAL, CREMATION, OR REMOVAL

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19. UNDERTAKER

20. FILED

(Address)

PHYSICIANS should state ORD. Every item of infor-

of OCCUPA-

Exact statement

STATE OF MARYLAND—	CERTIFICATE OF DEATH
1. PLACE OF DEATH	00000
County Prince George. Co	Registration Dist. No. 2
Village or City Chillum	N-
(If	No. St., Ward death occurred in a hospital or institution, give its NAME instead of street and number)  ds. How long In U.S. if of foreign birth? yrs. mos. ds.
(a) Residence: No. Sligo Mill Road (Usual place of abode)	St., Ward.  If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX Fenale 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Hidowed	21. DATE OF DEATH  (Month) (Day) (Year)
5a. If married, widowed, or divorced HUSBAND of (or) WIFE of James Thomas Brown	22. I HEREBY CERTIFY That I attended deceased from
6. DATE OF BIRTH (month, day, and year) Feb 25 1850	I last saw h 22 alive on from 12 13 4; death is said
7. AGE Years Months Days If LESS than 1 day,hrs.	to have occurred on the date stated above, at 4 22 P.m.  The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:
8: Trade, profession, or particular kind of work dona, as SPINNER, SAWYER, BOOKKEEPER, etc.	State Statate of
kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc.  9. Industry or business In which work was done, as SILK MILL. SAW MILL, BANK, etc  10. Date deceased last worked at this occupation (month and	/Leur
10. Date deceased last worked at this occupation (month and yaar)	
12. BIRTHPLACE (city or town) Takona Park (State or country)	Other Contributory Causes of importance:
	- Such
H 13. NAME William H Brown  14. BIRTHPLACE (city or town) Maryland (State or country)	Name of operation Date of Was there an autopsy?
置 15. MAIDEN NAME Ellen Griffith	23. If death was due to external causes (VIOLENCE) fill in also the following:
15. MAIDEN NAME Ellen Griffith  16. BIRTHPLACE (city or town)  (State or country)  Maryland	Accident, suicide, or homicide? Date of injury, 19
17. INFORMANT Grace M. Brown	(Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.

If more blanks are needed, address State Registrar, 2422 N. Charles Street, Baltimore, Requesting V. S. No. 2.

Registrar.

Nature of Injury

If so, specify (Signed)

24. Was disaase or Injury In any way

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

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Example I	for the same	Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
FEB 7 1938			
Other contributory causes of importance;		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

V. S. No. 1

ż

1. PLACE OF DEATH	E OF MAR	YLAND—	CERTIFICATE OF DEATH 06654
County Sin	u Seong	1/2	Registration Dist. No. 23 9
Village Dr City JALLA ITHIN CORPORATE LIMITS OF Length of residence in city, or tow	ref		ND. 801 Pract St., Ward death occurred in a hospital or institution, give its NAME instead of street and number)  ds. How long In U.S. if of foreign birth?
2. FULL NAME Styl	Clom in	7	St., Ward.  If nonresident give city or town and State
PERSONAL AND STA	ATISTICAL PARTI	CULARS	MEDICAL CERTIFICATE OF DEATH
1. SEX 4. COLOR OR B		RIED, WIDOWED, D (write the word)	21. DATE OF DEATH  (Month)  (Day)  (Year)
5a. If married, widowed, or divorced HUSBAND of (or) WIFE of	ar) Oan 18	1934	22. I HEREBY CERTIFY, That I attended deceased from  18 1934, to 1934  1960 saw h 1 alive on 1934; death is said
	onths Days	If LESS than 1 day,Qhrs. orQmin.	to have occurred on the date stated above, at #130 m.  The PRINCIPAL CAUSE OF DEATH and related causes of Importance were as follows:
8. Trade, profession, or particular kind of work done, as SPINI SAWYER, BDOKKEEPER, etc.  9. Industry or business in which work was done, as SILK MIL SAW MILL, BANK, etc	NER,		(about 6 mo)
10. Date deceased last worked at this occupation (month and year)	11. Total ti	me (years) nt In this ——— pation	Other Contributory Causes of Importance:
(State or country)	mes h	M	
14. BIRTHPLACE (city or town). Column (State or country)	llebute	md	Name of operation Date of What test confirmed diagnosis? Was there an autopsy?
15. MAIDEN NAME Fatte  16. BIRTHPLACE (city or town)  (State or country)	Tarrel	md	23. If death was due to external causes (VIOLENCE) fill in also the following:  Accident, suicide, or homicide?
17. INFORMANT MALE AND		19 1934	Manner of Injury
19. UNDERTAKER Guy des (Address) Laux	near (the	cee)	Nature of injury  24. Was disease or injury in any way related to occupation of deceased?
20. FILED Jane 19 , 19 8 4	My Brack	leard Registrar.	(Signed) Olw best of M Coney M.D. (Address) Lawred ma
	If more blanks are needed, a	ddress State Registrar,	2411 N. Charles Street, Baltimore, Requesting V. S. No. 1.

CTATE OF MADVIAND CEDTIFICATE OF DEATH

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.

9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I Example II		Example II		
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Chronic interstitial nephritis	1921	Run over by street car	1 week ago	
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago	
Other contributory causes of importance:		Other contributory causes of importance:		
Gallstones   Market States of Importance.	May 1,1923		1 year	
Gallstones	May 1,1923	Gastroenteritis	1	

state OCCUPA-

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item

EAT			655
ation Dis	t. No	2-3	7
NAME in	stead of stre	St.,	Ward
			ds.
esident give	e city or to	wn and St	atc
CATE	F DEA	TH	
	(Day)	, 1	193 4 (Year)
TIEV	That i at	tonded de	caseed from

HEREBY CERTIFY, That i attended  1934, to 3000, 1934  to have occurred on the date stated abova, at 4:31 Pm.	deceased from 19-3-4
The PRINCIPAL CAUSE OF DEATH and ralated causes of importance	
were as follows:  umatime buth (about 4 mos)	Data of ons
(atout & mos)	-
Othar Contributory Causes of importance:	

Regist

If non

(Month)

How long in U.S. if of foreign bli

MEDICAL CERTIFIC

Accidant, suicide, or homicida?	Date of Injury	, 19
Where did Injury occur?(Specif Specify whether injury occurred in INDUSTR	y city or town, county and Stat	ne) ACE.
Manner of injury		

24. Was diseasa or Injury In any way related to occupation of dacaasad?	no
If so, spacify	
(Signad) Ola lest & M. Come	М.
(Address) Lamel mil	/

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting V. S. No. 1.

Registrar.

STATE OF MARYLAND—CERTIFICATE OF D

V. S. No.

-WRITE

20

CAUSE mation

(Address)

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Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
RECEIVE			
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year
the second of th	10 0		

BINDING

FOR

ARGIN RESERVED

V. S. No.

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Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
THE CELLS			
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones BURTAN S.	May 1,1923	Gastroenteritis	1 year

STATE OF MARYLAND—CERTIFICATE OF DEATH Registration Dist. No. 242 ds. How long in U.S. if of foreign birth? vrs. mos. ds. If nonresident give city or town and State MEDICAL CERTIFICATE OF DEATH

Date of onset

ERTIFY. That I attended deceased from

Diher Contributory Causes of Importance

What test confirmed diagnosis?

23. If death was due to external causes (VIOL ENCE) fill in elso the following:

(Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

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Chronic interstitial nephritis	1921	Run over by street car	1 week ogo
Cerebrol hemorrhoge	July 5,1927	Peritonitis	3 days ogo
BUREAU V. S.			
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gostroenteritis	1 year
	1		

STATE OF MARYLAND—	CERTIFICATE OF DEATH	0658
1. PLACE OF DEATH	82-0)	2 -
County Princi Girigis.	Registration Dist. No.	42
Village or City Dupout Hanghe	5 No. St.,	Ward
	death occurred in a hospital or institution, give its NAME instead of street and ds. How long In U.S. if of foreign birth?yrs	
2. FULL NAME Grandson a. box	and d	
(a) Residence: No fluction Herality	Past Ward.	
(Usual place of abode)	If nonresident give city or town and	State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH	
3. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)	21. DATE OF DEATH	
make colony manied.	(Month) (Day)	(Year)
5a. If marriad, widowed, or divorced HUSBAND of	22. I HEREBY CERTIFY. That I attended	deceased from
(or) WIFE of Tury lowed	shee 1 , 19 \$ 3 , to pare of	19.34
6. DATE OF BIRTH (month, day, and year) Oct 20 1873	I last saw h delive on 3 19.35	death is said
7. AGE Years Months Days If LESS than	to have occurred on the date states above, at	
60 2 14 1 day, hrs.	The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:	Date of onset
Z Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc.		A - 3-2
SAWYER, BOOKKEEPER, etc.	apopelety	blee !
9 Industry or business In which work was done, as SILK MILL, 14. 5. Port Building SAW MILL, BANK, etc		-
U 10. Date_deceased last worked at 11. Total tima (years)	<u> </u>	-
this occupation (month and year) spent in this 20 -		
12. BIRTHPLACE (city or town)	Other Contributory Causes of importance:	
(State or country) M 9	activis colores	does
13. NAME Groupe Consact.		been
14. BIRTHPLACE (city or town)	Nama of operation Date of	
(Stata or country)	What test confirmed diagnosis?	autopsy?
15. MAIDEN NAME strong alegender  16. BIRTHPLACE (city or town)	23. If death was dua to external causes (VIOL ENCE) fill in also the followin	g:
6 16. BIRTHPLACE (city or town)	Accidant, sulcide, or homicide? Date of injury	, 19
≤ (State or country)	Where did injury occur?	
17. INFORMANT Lucy Courad.	(Specify city or town, county and Sta Specify whather injury occurred in INDUSTRY, In HOME, or In PUBLIC PL	ACE.
(Address) helfour Hyluto hes		
18. BURIAL, CREMATION, AR REMOVAL	Manner of injury	
Date:	Nature of injury	
19. UNDERTAKER 1408 Troquer	24. Was disease or injury in any way related to occupation of deceased?	no
(Address) 3 8 9 R.D. Bur D.B	If so, specify	A
20. FILED Jan 4., 1933 John ? Meass.	(Signed) (Address) Sant Pluster and	1 hig
If more blanks are needed, address State Registrar,	2411 N. Charles Street, Baltimore, Requesting V. S. No. 1.	(

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Corebral hemorrhàge	July 5,1927	Peritonitis	3 days ago
Other contributory causes of importance:		Other contributory causes of importance:	19
Gallstones	May 1,1923	Gastroenteritis	1 year

ADDITIONAL	SPACE	FOR	FURTHER	STATEMENTS	BY	PHYSICIAN
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AGE should be stated EXACTLY. PHYSICIANS snound second as the stated of OCCUPA-ORD. Every item of infor-UNFADING INK-THIS IS A PERMANENT R CAUSE OF DEATH in plain terms, so that it may be properly classified. ARGIN RESERVED FOR BINDING TION is very important. See instructions on back of certificate. mation should be carefully supplied. N. B.-WRITE PLAINLY, WIT

V. S. No. 1

STATE OF MARYLAND-	-CERTIFICATE OF DEATH
1. PLACE OF DEATH	(180)
County Vrince George	Registration Dist. No. 230
Village or City College Park	No. St Ward
	If death occurred in a horpital or institution, give its NAME instead of street and number)  sds. How long in U.S. if of foreign birth?yrsmosds.
2. FULL NAME Villery (Pass?) We	uh?) (Smith?)
(a) Residence: No. Calleg & Park (Usual place of abode)	St., Ward.  If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE OR DIVORCED (write the word)  Colored Uniference	21. DATE OF DEATH  (Month)  (Day)  (Year)
5a. If married, widowed, or divorced	
(or) WIFE of Unknown	22. I HEREBY CERTIFY, That i attanded dacaased from
6. DATE OF BIRTH (month, day, and year) Sentence 8 4	l last saw h ; death is said
7. AGE Yaars Months Days If LESS than	to have occurred on the date stated above, at 9 Pm.
50+ maken lay, hrs	The PRINCIPAL CAUSE OF DEATH and related causas of Importance
8 Trade profession or particular	Date of onset
SAWYER, BOOKKEEPER, etc.	Conflogration of
A Industry or business In which work was done, as SILK MILL,	building.
SAW MILL, BANK, etc	- f-f
o this occupation (month and spant in this occupation occupation	Ruffoldson
12. BIRTHPLACE (city or town)	Other Contributory Causes of importance:
(State or country)	
ш 13. NAME	
13. NAME 14. BIRTHPLACE (city or town)	Name of operation Date of
(Stata or country)	What test confirmed diagnosis? Was there an au'opsyllefteess
15. MAIDEN NAME  16. BIRTHPLACE (city or town)	23. If death was due to external causes (VIOLENCE) fill in also the following:
6 16. BIRTHPLACE (city or town)	Accident, suicide, or homicida?
∑ (State or country)	Accident, suicide, or homicida? Date of injury 19 Whera did injury occur?
17. INFORMANT Coroners Inquesch (Address)	(Specify city or town, county and State) Specify whather injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.
18. BURIAL, CREMATION, OR REMOVAL	Manner of Injury
Place / Stademshift Date 4 3, 19,24	Nature of Injury
19. UNDERTAKER Ct. Gaselis Jours	24. Was disease or injury in any way related to occupation of deceased?
(Addrass) Bladysburg me	if so, specify
10, FILED TEL-3- 19 34 July 20 Smith	(Signed). TO. Uccas Cerones Pagesal.
Registrar.	(Address) Receipe Mes

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Example I		Example II	
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Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5, 1927	Peritonitis	3 days ago
BUREAU V. S.	1 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0		
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

ADDITIONAL SPACE FO	R FURTHER	STATEMENTS	BY	PHYSICIAN
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V. S. No. 1

f infor-	CUPA-	1
item o	00 Jo	
Every (SICIANS	statement	2
Y. PH	Exact	3. S
-WRITE PLAINLY, WITH UNFADING INK-THIS IS A PERMANENT ROLL Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state	CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPA-TION is very important. See instructions on back of certificate.	3. S
IS A PER	properly ertificate.	6. I
HIS	pe of c	LION
INK-T	CAUSE OF DEATH in plain terms, so that it may be properly or TION is very important. See instructions on back of certificate.	12. WOTHER FATHER 17. 18. 19. 19. 19. 19. 19. 19. 19. 19. 19. 19
ADING d. AG	s, so th	12.
UNF.	ain terms See insti	FATHER
ILY, WIT	TH in plant.	MOTHER
LAIN ild b	DE/	17.
TE P	SE OF	18.
-WR]	TION	19.

	5	STATE C	OF MAR	YLAND-	CERTIFICATE OF	DEATH III	6660
	1. PLACE OF DE	ATH C			180	0	0 () ()
	County O Ec		792		Regi	istration Dist. No. 230	1
	Village or City	allege 1	Park		No	St	Ward
	Length of residence in	city or town where	death occurred	O + yrs mos	death occurred in a horpital or institution, give	its NAME instead of street and birth?	number)
	2. FULL NAME	Nate	Sent				103
	(a) Residence: No.	Cale	ese Cn	-15	St. Ward.		
-	(a) nesidence. No.		(Usual place	of abode)		onresident give city or town and	d State
_	PERSONAL A		ICAL PART	ICULARS		ICATE OF DEATH	
3.	9	aloxed	OR DIVORCE	RRIED, WIDOWED, ED (write the word)	21. DATE OF DEATH	cey 30	, 193.7
5a	. If married, widowed, or dis HUSBAND of (or) WIFE of	luke	24.00		22. I HEREBY CEI	RTIFY, That I attended	
	DATE OF BURTH (		about	1884		., to	
	DATE OF BIRTH (month, d  AGE Years	Months	Days	I If LESS than	to have occurred on the data stated abova.	at 9, 0, m	; death is sald
	50+			1 day,hrs.	The PRINCIPAL CAUSE OF DEATH and re		
NO	8 Trade, profession, or kind of work done SAWYER, BOOKKE	particular I, as SPINNER,	House	work	were as follows:	on of	Date of onset
PAT	9. Industry or business	in which			weetling		
OCCUPATION	work was done, as SAW MILL, BANK				Lulka	aten	
0	10. Pate decessed last withis occupation (myear)	onth end	Sp3	ime (yeers) nt in this upation			
12	BIRTHPLACE (city or town	21	ed	o patron	Other Contributory Causes of importance:		
	(State or country)	)	-62				
ER	13. NAME						
FATHER	14. BIRTHPLACE (city or	lown)			Name of operation	Oate of	-
_	(State or country)	~	6		What test confirmed diagnosis?	Was there an	au'opsy? mae
MOTHER	15. MAIDEN NAME		200		23. If death was due to external causes (VIOI	LENCE) fill in also the following	
MOI	16. BIRTHPLACE (city or to (Stata or country)		5	حى	Accident, suicida, or homicide?	Oata of injury	, 19
	P	, -	8		Where did Injury occur?(Speci	ify city or town, county and Stat	te)
17.	(Address)	news 1	ngues	<b>A</b>	Specify whether Injury occurred in INOUST	RY, in HOME, or in PUBLIC PL	ACE,
18.	BURIAL, CREMATION, OR Place	REMOVAL	Date Of	Jr. 3, 19 34	Manner of injury		
19	UNOERTAKER (Address)	Jack	here ?	nd.	24. Was disease or injury In any way related	to occupation of deceased?	
20.	FILED FELY 37	19.34	And D	Smith Registrar.	(Signed) A Ctalum (Address)	Corones Phy	ween M. D.
-	<b>V</b>	tel	It I to		(1001000)	- Ju-	

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

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9.—The industry or business in which the work was done.

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19:	xample I		Example II	
The principal cause of dea of importance were as followarteriosclerosis	th and related causes	Date of onset	The principal cause of death and related causes of importance were as follows:  Attack of epilepsy	Date of onset  1 week ago
Chronic interstitial nephritis	COL	1921	Run over by street car	1 week ago
Cerebral hemorrhage	FEB 5 1934	July 5, 1927	Peritonitis	3 days ago
	BUREAU V.	5.		
Other contributory causes	of importance:		Other contributory causes of importance:	
Gallstones		May 1,1923	Gastroenteritis	1 year

V. S. No. 1 B should state

of OCCUPA-

STATE OF MARYLAND—	CERTIFICATE OF DEATH
1. PLACE OF DEATH	22
County Prince Geagle	Registration Dist. No. 2 3 0
Village or City oreas Berusy, Wed	No. St., Ward
	f death occurred in a hospital or institution, give its NAME instead of street and number)  ds. How long in U.S. If of foreign birth?yrsmos
0.1000.0	
2. FULL NAME John Jacob hun	a color Ward
(a) Residence: No. (Usual place of abode)	(C.St., Ward.  If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE OR, DIVORCED (write the word) Color of RACE OR, DIVORCED (write the word)	21. DATE OF DEATH  augustus (Year)  193 4 (Year)
5a. If married, widowed, or divorced	22. I HEREBY CERTIFY That I attended deceased from
Darah Elizabette H. h unh	22. I HEREBY CERTIFY That I attended deceased from
6. DATE OF BIRTH (month, day, and year) AMMALY 19, 1872	Control Control
7. AGE Yaars Months Days If LESS than	to have occurred on the date state tobove, at 12 YBA-m.
61 11 22 or hrs.	The PRINCIPAL CAUSE OF DEATH and related causes of Importance were as follows:
A Trade profession or particular	Pulumay Tuberellors 1933
kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc.  9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc.  10. Dato deceased last worked at this occupation (month and	
10. Dato deceased last worked at this occupation (month and 1931   11. Total time (years) spent in this 40 occupation 40	
12. BIRTHPLACE (city or town) Maker Form Corners. W.C.	Other Coutributory Causes of importance:
13. NAME Jacob J. hich	
14. BIRTHPLACE (city or town) 9 erun arrey	Nama of operation Date of
(State or country)	What test confirmed diagnosis? X - Ray Wes there an autopsy A.D.
15. MAIDEN NAME Rachel & Clark	23. If death was due to external causes (VIOL ENCE) fill in also the following:
15. MAIDEN NAME Rachel G. Clack  16. BIRTHPLACE (city or town)  (State or country)	Accident, suicide, or homicide?
E (State or country)	Where did injury occur? (Specify city or town, county and State)
17. INFORMANTARAL Olgsabeth of June (Address)	Specify whether Injury occurred in INDUSTRY, in HOME, or In PUBLIC PLACE.
18. BURIAL, CREMATION, OR REMOVAL	Manner of Injury
Place SELTS VILLE m. d. Dete daw 12-, 1934	Nature of Injury
19. UNDERTAKER 4. Lasche Lous	24. Was disease or Injury In any way releted to occupation of deceased
(Address) Skyattiville med	If so, specify
20. FILED Jan -11, 19/34 John & Lunth	(Signed) W. Cllu Suffell

CEDTICICATE OF DEATH

Ward

ded deceased from

: death is said

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting U. S. No.

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To be complete, an occupation return must state:

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Example I		Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of conset
Arteriosclerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	11921	Run over by street ear	1 week ago
Cerebral hemorrhage	July 5, 1927	Peritonitis	3 days ago
BURBAU V. S.	11		
Other contributory causes of importance:	1	Other contributory causes of importance:	
Gollstones	May 1,1923	Gastroenteritis	1 year

ADDITIONAL	SPACE	FOR	FURTHER	STATEMENTS	BY	PHYSICIAN	

STATE OF MARYLAND-CERTIFICATE OF DEATH

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Ballimore, Requesting U. S. No. 1.

•	95-8
-	Registration Dist. No. 245
lf s.	No. St., Ward death occurred in a hospital or institution, give its NAME instead of street and number)  ds. How long in U.S. If of foreign birth?
-	
-	St., Ward.
	If nonresident give city or town and State
	MEDICAL CERTIFICATE OF DEATH
	21. DATE OF DEATH  June: 12  Month)  (Day)  (Yaar)
_	I HERERY CERTIFY. That I attanded deceased from,
	Jan 1 1934, 10 Jan 12, 1934
	1 last saw han alive on 1931, death is said
	to have occurred on the date stated above, at
	The PRINCIPAL CAUSE OF DEATH and related causes of importance
	Cardiae delitation 1213
ı	
-	
	Other Contributory Causes of Importance:
	Several arterio solo-
_	Nague 5
	MOBILS
-	Name of operation.
-	What test confirmed diagnosis? Was there an au'opsy? _/ \\ \\ \\ \\ \\ \\ \\ \\ \\ \\ \\ \\ \\
-	23. If daath was due to external causas (VIOL ENCE) fill in also tha following:
-	Accidant, suicide, or homicide? Data of Injury, 19  Whera did injury occur?
-	(Specify city or town, county and State)
	Spacify whathar injury occurred in INDUSTRY, In HOME, or In PUBLIC PLACE.
-	Manner of injury
-	Nature of injury
-	
	24. Was disease or injury in any way related to occupation of daceased?
-	If so, specify

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Example I		Example II	
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Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
Other contributory causes of importance: S.	May 1,1923	Other contributory causes of importance:  Gastroenteritis	1 year
No. of the last of			

Village or City Length of resider  2. FULL NAM	west Das			No.
		ularu		No. St.,St., f death occurred in a hospital or institution, give its NAME instead of street and number)
2. FULL NAM	ce in city or town where	death occurred	yrs 9 mos	sds. How long in U.S. if of foreign birth?yrsmos
	ulle	eed +	Veltu	ags
(a) Residence	No. Calle	(Usual place	of shode)	St., Ward.  If nonresident give city or town and State
PERSONA	AND STATIST			MEDICAL CERTIFICATE OF DEATH
3. SEX	COLOR OR RACE	5. SINGLE, MAI	RRIED, WIDOWED, ED (write the word)	21. DATE OF DEATH Jan 3
5a If merried widowed			They	(Month) (Oay) (Ye
5a. If merried, widowed HUSBAND of (or) WIFE of	Maky J.	Telle	4	22. Much 23 1932 to Jan 3 19
6. DATE OF BIRTH (mo	nth, day, and year)	9,29 -	1861	I last saw have elive on Jan 2 192 death
7. AGE Years	Months	Deys	If LESS than	to have occurred on the date stated above, at 4.25 m.
72 -	5	4	1 dey,hrs.	The PRINCIPAL CAUSE OF DEATH and related causes of Importance were as follows:
8. Trade, profession	n, or particular done, as SPINNER.	7-		Carcurona of Colon in
SAWYER, B	OKKEEPER, etc.	win	7	<u></u>
kind of wor SAWYER, Bi 9. Industry or but work wes di SAW MILL, 0. Oate decessed this corunal	ne, as SILK MILL, BANK, etc			
10. Oate deceesed		11. Totel	time (years) ent in this	
yeer)	793		upation	Other Contributary Causes of Importance:
12. BIRTHPLACE (city of (State or country)		ville	m of	Other Controlled Cases of Importance.
1 47	00:a- 14	I st.	10.00	-
E	CALLERY IV	Mount	rigo	
14. BIRTHPLACE (c) (State or co		md.		Name of operation
当 15. MAIOEN NAME	Elisaly	the S	haur	23. If deeth was due to external causes (VIOL ENCE) fill in also the following:
16. BIRTHPLACE (c	ty or town)			Accident, suicide, or homicide?0ate of Injury19
∑ (State or co		ma.		Where did injury occur?
17. INFORMANT MA (Address)	Mary J	Settle	ngs nd.	(Specify city or town, county and State) Specify whether Injury occurred in INDUSTRY, in HOME, or In PUBLIC PLACE.
18. BURIAL, CREMATIO	l, OR REMOVAL	Woate Jan	15. 19.34	Manner of injury
19. UNOERTAKER	WW.	Cham	beso Co	Nature of injury 24. Was disease or Injury in any way releted to occupation of deceased?
(Address)	517-11	T.V	15.	If so, specify
20. FILEO Tan	11, 1934 m	so las	benere	(Signed May Kan ) mono
		LUN.	Registrar.	(Address)

STATE OF MARYLAND—CERTIFICATE OF DEATH

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Example I	1	Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:  Attack of epilepsy	Date of onset
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5, 1927	Peritonitis	3 days ogo
Other contributory causes of importance:		Other contributory causes of importance:	
Other contributory chances or importances	100		
Gollstones	May 1,1923	Gastroenteritis	1 year

M)	very item of infor-	ANS should state	nent of OCCUPA-	
S. C. T.	NT RECORD. E.	LY. PHYSICI.	d. Exact statem	-
FOR BINDING	IS A PERMANE	stated EXACT	properly classifie	certificate.
IARGIN RESERVED FOR BINDING	N. B.—WRITE PLAINLY, WITH UNFADING INK-THIS IS A PERMANENT RECORD. Every item of infor-	mation should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state	CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPA-	TION is very important. See instructions on back of certificate.
V. S. No. 1	N. B.—WRITE PLAINLY	mation should be ca	CAUSE OF DEATH	TION is very impor

STATE OF MARYLAND—	CERTIFICATE OF DEATH
1. PLACE OF DEATH	00664
County Prince Genge	Registration Dist. No. 230
Village or City Beruy, Md.	NoSt.,Ward death occurred in a hospital or institution, give its NAME instead of street and number)
Length of residence in city or town where death occurred 65 yrsmos	ds. How long in U.S. il of loreign birth?yrsmosds.
2. FULL NAME hanny Gidden	
(a) Residence: No. Beruff, Med. (Usual place of abode)	St., Ward.  If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
S. SEX  4. COLOR OR RACE OR DIVORCED (write the word)  5. SINGLE, MARRIED, WIDOWED. OR DIVORCED (write the word)	21. DATE OF DEATH and 9 . 193 4 . (Par)
5a. If married, widowed, or divorced HUSBAND of (or) WIFE of	22. I HEREBY CERTIFY, That I attended deceased from Bleumy 191933 to Dreumer 9 1930
6. DATE OF BIRTH (month, day, and year) Lebruary 4,186/ 7. AGE Years Months Days 1 If LESS than	I last saw h 2 alive on Council 8 , 738 4; death is said to have occurred on the date state above, at 2 6 m.
72 11 5 1 day, hrs.	The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:
Trede, profession, or particular kind of work done, es SPINNER, SAWYER, BOOKKEEPER, etc.	apoplery 12/19/33
kind of work done, es SPINNER, SAWYER, BOOKKEEPER, etc.  9. Industry or business in which work was done, es Silk MILL, SAW MILL, BANK, etc.  10. Date deceased last worked at this occupation (month add.)	
10. Date deceased last worked at this occupation (month and 194433 spent in this occupation 5.5	
12. BIRTHPLACE (city or town) May ffyaltally . Wed.  (State or country)	Other Contributory Causes of importance:  Continuous Continuous Security  Security  Security
13. NAME Joseph Gridding 14. BIRTHPLACE (city or town) Many Land	
[State or country]	Name of operation
	What test confirmed diagnosis? Was there an autopsy
16. BIRTHPLACE (city or town) Allanyland	23. If death wes due to external causes (VIOL ENCE) fill in also the following:  Accident, suicide, or homicide?
17. INFORMANT Son well Gioldings (Address) Blues, Gled	Where did injury occur? (Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.
18. BURIAL, CREMATION, OR REMOVAL PIECE DECENTIVE ME par 11, 134,	Manner of injury
19. UNDERTAKER F. Gaech's Jones (Address) Hyallardle min.	24. Was disease or injury in any way related to occupation of deceased?
20. FILED 1909 -11-, 19.34 John & Livelle Registrar.	(Signed) LO Allin Suffitty M. D.  (Address) Sorry, Well
If more blanks are needed, address State Registrar,	2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

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Example I		Example II		
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset	
227107 000000	1915	Attack of epilepsy	1 week ago	
Chronic interstitial nephritis	1921	Run over by street car	1 week ago	
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago	
BUREAU V. S.				
Other contributory causes of importance:		Other contributory causes of importanco:	Million	
Gallstones	May 1,1923	Gastroenteritis	1 year	
	1			

	30.	19 4	

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 14

BINDING

FOR

RESERVED

ARGIN

V. S. No. 1

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

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Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I	100	Example II			
The principal cause of death and related causes of importance were as follows:  Arteriosclerosis	Date of onset	The principal cause of death and related causes of importance were as follows:  Attack of epilepsy	Date of onset  1 week ago		
Chronic interstitial nephritis	1921	Run over by street car	1 week ago		
Cerebral hemorrhage	July 5,1927	Peritonilis	3 days ago		
BUREAU V. S.					
Other contributory causes of importance:		Other contributory causes of importance:			
Gallstones	May 1,1923	Gastroenleritis	1 year		

ADDITIONAL.	SPACE	FOR	FURTHER	STATEMENTS	BY	PHYSICIAN
UDDITIONAL	OI ZIULI	T. OTC	T. OTCHTITITE	DYTERRITOR	M.F R.	I ALL DI CIARI

V. S. No. 1 Ä TION is very important. See instructions on back of certificate.

of OCCUPA-

1. PLACE OF DEATHY .	(52)
County / muel wages	Registration Dist. No. 237
Village or City Office (If	No. St., Wa death occurred in a hospital or institution, give its NAME instead of street and number)
Length of rasidence in city or town where death occurradyrs,mos	ds. How long in U.S. il ol loreign birth?yrsmos
2. FULL NAME Jours of Bross	
(a) Residence: No. June 10 Jun	St., Ward.  If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
S. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write tha word)	21. DATE OF DEATH  (Month)  (Day)  (Yaar)
a. If marriad, widowed, or divorcad HUSBAND of	
(OF) THE OF MANY STRONG	22. I HEREBY CERTIFY, That I attended decaasad fr
120 Februs 1884	last saw have alive on last 17 1934 death is so
AGE Years Months Days If LESS than	last saw h is alive on factor alive on factor and factor alive on the date stated above, at 6 A m.
50 980 1 day,hrs.	The PRINCIPAL CAUSE OF DEATH and ralated causes of importance
8 Trada, profession, or particular	ware as followe: Date of one
kind of work dona, as SPINNER, SAWYER, BOOKKEFPER, etc.  9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, atc.  10. Date deceased last worked at this occupation (month and	Julia Granus
9. Industry or business in which	
work was done, as SILK MILL, SAW MILL, BANK, atc	
yaar) occupation	Othar Contributory Canses of importance:
2. BIRTHPLACE (city or town)	
(State or country) N. Tano Co Mid	
13. NAME frus Trois	
13. NAME Trus Trois  14. BIRTHPLACE (city or town)	Nama of operation
(State of country)	What test confirmad diagnosis? Was thera an autopsy?
15. MAIDEN NAME JOST PLUCION	23. Il daath was due to external causes (VIOLENCE) fill in also tha lollowing:
15. MAIDEN NAME  16. BIRTHPLACE (city or town)	Accidant, suicIda, or homicida?
(State or country) St. Mary Co hid	Where did injury occur?(Specify city or town, county and State)
7. INFORMANT Alleway to larry (Address)	Specify whether injury occurred in INDUSTRY, In HOME, or in PUBLIC PLACE.
8. BURIAL, CREMATION, OR REMOVAL	Manner ol injury
Place Illa fru Had Date ffeld 21., 1937	Nature of injury
9. UNDERTAKER A. J. Suchus Vanus (Address) Bunses 200	24. Was disaase or injury in any way ralated to occupation of deceasad? 200
10 41 41 D A	(Signad) IMM Luynu M.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.

9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Example I		Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	
Arteriosclerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis (CS)	3 days ago
		A SEMINAL SE	
Other contributory causes of importance:	1	Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year
	,		

ADDITIONAL	SPACE	FOR	FURTHER	STATEMENTS	BY	PHYSICIAN	

STATE OF MA	RYLAND-	CERTIFICATE OF DEATH	664
1. PLACE OF DEATH			40
County Kride Ale	VIE EX	Registration Dist. No. 23	-/
Village or City Claaror	llg.	No	Ward
Length of residence of city or town where death eccurred.		death occurred in a hospital or institution, give its NAME instead of street and no death of the long in U.S. if of foreign birth?	
2. FULL NAME TICKAUL of Joseph	lle of From	ue Gross	
(a) Residence: No. Cedaro	ele	St., Ward.	
(Usual pl	lace of abode)	If nonresident give city or town and S	State
PERSONAL AND STATISTICAL PAR		MEDICAL CERTIFICATE OF DEATH  21. DATE OF DEATH	- 1
	ARRIED, WIDOWED, RCED (write the word)	(Month) (Day)	193(Year)
5a. If married, widowed, or divorced HUSBANO of (or) WIFE of		22. HEREBY CERTIFY, That I attended d	
6. DATE OF BIRTH (month, day, and year) tan 2	0-34		, 19 : death is said
7. AGE Years Months Days	If LESS than 1 day,hrs. ormin.	to have occurred on the date stated above, at S. Gm. The PRINCIPAL CAUSE OF DEATH and related causes of Importance	, 0001117 2010
this occupation (month and	tel time (years)	were actollows: Com	Oate of onset
12. BIRTHPLACE (city or town)	occupation	Other Contributory Causes of Importance:	
13. NAME Seple Gross			
13. NAME Seffe Troop  14. BIRTHPLACE (city of town) Wandy	come	Name of operation Date of	
(State of Country)	and .	What test confirmed diagnosis? Was there an at	itopsy?
15. MAIDEN NAME New 16. BIRTHPLACE (city or town) (State or country)  17. INFORMANT OF TAXABLE (Address)	lson was	23. If death was due to external causes (VIOLENCE) fill in also the following:  Accident, suicide, or homicide? Date of injury  Where did injury occur?(Specify city or town, county and State  Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLA	, 19
18. BURIAL, CREMATION, OR REMOVAL	w 20th 19 34	Manner of injury	
19. UNDERTAKER Mr. Slivar & Caus Farm (Address) Caramelle Mr.	by father	24. Was disease or injury in any way related to occupation of deceased?  If so, specify  (Signed)	M, D
20. FILED JUNE AU , 19.0 4 17 2000 1	Registrar.	(Address) fly and give lu	4

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

- 8.—The trade, profession, or particular kind of work done.
  9.—The industry or business in which the work was done.
- 10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

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Example I	1	Example II	
The principal cause of death and related causes of importance were as follows:	Date of enset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	1915	Attack of epilepsy	1 week ago
Chronie interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimon, Requesting U. S. No. 1.

BINDING

RESERVED

ARGIN

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

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10.—The month and year the deceased last worked at the occupation.

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Example I		Example II	100
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
FER to Ital			
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

STATE OF MARYLAND-	CERTIFICATE OF DEATH 00669
1. PLACE OF DEATH.	108
county Typice Geo	Registration Dist. No. 70
Village or City Coutee //	No. St., Ward
	If death occurred in a hospital or institution, give its NAME instead of street and number)  yds. How long In U.S. if of foreign birth?yrsmosds.
2. FULL NAME Alusanan to To	hrow
	<i>N</i>
(a) Residence: No. The (Usual place of abode)	St., Ward.  If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX  Male Golored 5. SINGLE, MARRIED, WIDOWED, OR DIYORGED (write the word)	21. DATE OF DEATH (Month) (Day) (Year)
5a. If married, widowed, or divorsed HUSBAND of (or) WIFE of Cliff Delicon	22. I HEREBY CERTIFY, That I attended deceased from
6. DATE OF BIRTH (month, day, and yeer) July 10-1872	(last saw h 12 1 alive on 9 mm K 1984: death is said
7. AGE Years   Months   Days   If LESS than	to have occurred on the date stated above, et 2 2 .m.
62 / 5   1 day,hrs.	
8. Trade profession or particular	Data of onset 1-12-8
kind of work done, as SPINNER, alrows SAWYER, BOOKKEEPER, etc.  9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc.  10. Date deceased last worked at this occupation (month and specific properties) this occupation (month and specific properties)	
SAW MILL, BANK, etc.	-
year) occupation	Other Contributory Causes of importance:
12. BIRTHPLACE (city or town)	-
(State or country)	-
13. NAME THE Bluron  14. BIRTHPLACE (city or town) - Aff	
14. BIRTHPLACE (city or town) (Stete or country)	Name of operation Date of
	What test confirmed diagnosis? Was there an au'opsy?
	23. If death was due to external causes (VIOLENCE) fill in also the following:
16. BIRTHPLACE (city or town)	Accident, suicide, or homicide?
17. INFORMANT Clipa Relivore (Address) Laine Mid	(Specify city or town, county and State) Specify whether injury occurred in HODUSTRY, in HOME, or in PUBLIC PLACE.
18. BURIAL, CREMAPION, OR REMOVAL , MA , Chu	Manner of Injury
Place I Just State M. Daty Jul 10, 1939	Manner of Injury  Nature of Injury
19. UNDERTAKER JOHN ASSAULT	24. Was disease or injury in any way related to occupation of deceased?
20. FILED Jan 18 , 1934 M. Mashurs Registrar.	(Signed) Lio (D) Jones (M, D.  (Address) Laure M. D.
If more blambs are needed address State Praise on	M. Chalacters P. Linn P. L. Chalacters and Chalacte

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

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Example I			Example II		
The principal cause of death and related causes of importance were as follows:  Arteriosclerosis		Date of onset	The principal cause of death and related causes of importance were as follows:		
Chronic interstitial nephr	rilie	1910	Attack of epilepsy  Run over by street car	1 week ago	
Cerebral hemorrhage	· []	July 5,1927	Peritonitis	3 days ago	
	HUNET, V. S	, n			
Other contributory ca	uses of importance:		Other contributory causes of importance:		
Gallstones		May 1,1923	Gastroenteritis	1 year	
LEEU PAR LUNGS					

V. S. No. 1

STATE OF MARYLAND—	CERTIFICATE OF DEATH
1. PLACE OF DEATH	210-00
County Prince Teorge	Registration Dist. No. 230
Village or City Blackens burg	No. St., Ward
	death occurred in a horpital or institution, give its NAME instead of street and number) ds. How long in U.S. If of foreign birth?yrsmosds.
2. FULL NAME Of & Whearles of es	raine
(a) Residence: No. Betteville 00	St. Ward.
(Usual place of abode)	If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE OR DIVORCED (write the word)	21. DATE OF DEATH  January 10 193 3 (Month) (Day) (Year)
5a. If married, widowed, or divorced HUSBAND of (or) WiFE of Mary 2 Largeurs	22. I HEREBY CERTIFY, That I attended deceased from
6. DATE OF BIRTH (month, day, and year) Gras 4 1857	l last saw h alive on
7. AGE Years Months Days If LESS than	to have occurred on the date stated above, atm.
7776 5 11 1dey,hrs.	The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:
S. Trade, profession, or particular kind of work done, es SPINNER,	Was pulling fang apria forte of the much
Rind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc.  9. Industry or business in which work wes done, as SILK MILL, SAW MILL, BANK, etc.  10. Date deceased last worked et this occupation (month and	Crusped Theory
work wes done, as SILK MILL, SAW MILL, BANK, etc.	Internal Herrinoraghes
10. Date deceased last worked et this occupation (month and spent in this	these two and to the
year) occupation	Other Contributory Causes of importance: his sheet was ornshed and
12. BIRTHPLACE (city or town) MC	do all was outred; and
(State or country)	my resultat
13. NAME Column Waggers  14. BIRTHPLACE (city or town)	
14. BIRTHPLACE (city or town) (State or country)	Name of operation
E 15. MAIDEN NAME Ouris Educuston	What test confirmed diagnosis? Was there an au'opsy?
I	23. If death was due to external causes (VIOLENCE) filt in also the following:
16. BIRTHPLACE (city or town)  (State or country)	Where did injury occur? Near Belterile
mare blingin	(Specify city or town, county and State) Specify whether injusy pourred in HNDUSTRY in HOME, or in PUBLIC PLACE.
17. INFORMANT Mary Higgins (Address) Bettrulle mid	Tublic Hoad
18. BURIAL, CREMATION OR REMOVAL	Manner of Injury
Piece Thorning tone 19 C. Date Jan 17, 1934	Nature of injury
19. UNDERTAKER 7. Jacobr Low (Address) Gyatterylle M. 2	24. Was disease or injury in approve tetated to occupation to declared?
20. FILED Jan 16-, 1834 John & Smith Registrar.	(Signed) John & Alterna J. M. D.  (Address) Blackmobing mol.
If more blanks are needed, address State Registrar	2411 N Charles Street Baltimore Requesting TI S No . /

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

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Example I		Example II		
The principal cause of death and related causes of importance were as follows:  Arteriosclerosis		Date of onset	The principal cause of death and related causes of importance were as follows:  Attack of epilepsy	Date of onset  1 week ago
Chronic interstitial nephritis		1921	Run over by street car	1 week ago
Cerebral hemorrhage	LFD 0 1805	July 5, 1927	Peritonitis	3 days ago
	BUREAU V. S.			
Other contributory	causes of importance:		Other contributory causes of importance:	
Gallstones		May 1,1923	Gastroenteritis	1 year

DDITIONAL SPACE FOR	FURTHER	STATEMENTS	BY	PHYSICIA
DDITIONAL SPACE FOR	FURTHER	STATEMENTS	BY	PHYSICIA

-	t	CO
	WITH	efully
	K.	car
	N	pe
	E PLA	pluods
V. S. No. 1	B.—WRITE PLAINLY,	mation should be carefully s
, s	Z	

STATE OF MARYLAND—	CERTIFICATE OF DEATH
1. PLACE OF DEATH	92-0
County bother Jones Kentho	me To Sea lor Registration Dist. No. 245
Village or City Rights Road.	No. St., Ward
(lf	death occurred in a hospital or institution, give its NAME instead of street and number)
(1 +1 h. 91 a	ds. How long in U.S. if of foreign birth?yrsmosds.
2. FULL NAME OF My M, Hower	
(a) Residence: No.   Sveleville (Usual place of abode)	St., Ward.  If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE S, SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the plord)	21. DATE OF DEATH  Samuary 26, 193 24,
5a. If merried, widowed, or divorced	(Month) (Dey) (Year)
HUSBAND of Cor) WIFE of Linksmown	22.   HERTBY CERTIFY, That I attended deceased from
1 165-6	Jan. 19 1934 to Jan 26, 1934
6. OATE OF BIRTH (month, day, and year) 7. AGE Yeers Months Deys If LESS than	to have occurred on the date speed above, at 4200, m.
75 A 1 dey,hrs.	The PRINCIPAL CAUSE OF DEATH and related ceuses of importance
8 Trade profession or particular	pere dis follows: Valore Van Heure Date of onset
kind of work done, as SPINNER, Housewife	Disease mutrul and Irea
Kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc.  9. Industry or business in which work was done, es SILK MILL. Own Holling SAW MILL, BANK, etc.  10. Dete deceased last worked at this occupation (month and this program) of this program in this color with the same in this color was a same in this color with and the same in this color was a same in the color was a same in the color was a same in the color was a same in this color was a same in the color was a same in the color was a same in the color was a same	artic Insufficiency) ago.
10. Dete deceased last worked at this occupation (month and year)	
12. BIRTHPLACE (city or town) Manyland (State or country)	Other Contributory Causes of importance:
II 13. NAME Unknown	
13. NAME  14. BIRTHPLACE (city or town)	Name of operation Date of Date of
(State of country)	Whet test confirmed diagnosis? Was there an autopsy? Mo
15. MAIDEN NAME  16. BIRTHPLACE (city or town)	23. If death was due to externel causes (VIOL ENCE) fill in also the following:
[ 16. BIRTHPLACE (city or town)	Accident, suicide, or homicide? Date of injury, 19
(Stete or country)	Where did injury occur? (Specify city or town, county and State)
17. INFORMANT And Silvan Briggeonge (Address) Sign Brad. Ind.	Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.
18. BURIAL, CREMATION, OR KENOVAL	Manner of injury
Plece Of Marvilla and Oate Jam 1 919.3 9	Nature of injury
19. UNDERTAKER Buby Sympholicy (Address)	24. Was disease or Injury In any way releted to occupation of deceesed?
20. FILED an 2-6, 19 3 H ms fas. Verera	(Signed) H. H. Hrwlett, M.D. (Address) 928 Shap are like fung
	2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

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To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.

9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Example I	i	Example II			
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related cause of importance were as follows:	Date of onset		
Arteriosclerosis	1915	Attack of epilepsy SANVENTE	1 week ago		
Chronic interstitial nephritis	1921	Run over by street car	1 week ago		
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago		
		BECEIVED			
Other contributory causes of importance:		Other contributory causes of importance:			
Gallstones	May 1,1923	Gastroenteritis	1 year		

	ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN	
1 Day	avining relative in St. lelizabeth Haspital	
eause of	missen of family traced of	
		-

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S. No.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

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ate of onset	The principal cause of death and related causes	Date of onset
	of importance were as follows:	
1915	Attack of epilepsy	1 week ago
1921	Run over by street car	1 week ago
uly 5,1927	Peritonitis	3 days ago
	Other contributory causes of importance	
ay 1,1923	Gastroenteritis	1 year
	1921 uly 5,1927	1921 Run over by street car  dy 5,1927 Peritonitis  Other contributory causes of importance:

ADDITIONAL SPACE FOR	FURTHER S	TATEMENTS	BY	PHYSICIAN
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V. S. No. 1

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T	RECOF	. PH	Exact :	
INDING	RMANENT	XACTLY	classified.	
ARGIN RESERVED FOR BINDING	IS A PE	stated E	properly	certificate.
1	HIS	be	pe	Jo
EKVI	(K-T)	plnods	it may	n back
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AKGIN	JNFADI	pplied.	terms, so	instruct
	WITH	fully su	n plain	nt. See
	INLY,	be care	EATH i	importa
. No. 1	B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECOR	mation should be carefully supplied. AGE should be stated EXACTLY. PHY	GAUSE OF DEATH in plain terms, so that it may be properly classified. Exact	TION is very important. See instructions on back of certificate.
	H	-	may d	7

[SICIANS should state statement of OCCUPA-

tD. Every item of infor-

STATE OF MARYLAND—	CERTIFICATE OF DEATH 10673
1. PLACE OF DEATH	59
County of Geo	Registration Dist. No. 24
Village or City near Gleun Dale M/	L No. St., Ward
	death occurred in a hospital or institution, give its NAME instead of street and number)
Langth of residence in city or town where death occurred/_Oyrsmos.	ds. How long in U.S. if of foreign birth?yrsmosds.
2. FULL NAME ASA frames force	
(a) Residence: No. Ylendall md	St., Ward.
(Usual place of abode)	If nonresident give city or town and State  MEDICAL CERTIFICATE OF DEATH
DERSONAL AND STATISTICAL PARTICULARS  J. SEX	21. DATE OF DEATH)
male White OR DIVORED (write the word)	(Month) (Day) (Year)
5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Marasserite 4. Jones	22. OCH 1 HEREBY CERTIFY. That I attended deceased from
6. DATE OF BIRTH (month, day, and year) 1868 Dec. 30	I last saw h malive on Jan 10, 1934; death Is said
7. AGE Yaars Months Days If LESS than	to hava occurred on the date stated above, at // Am
65 0 (/ lday,hrs.	The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:
Trada, profession, or particular kind of work dona, as SPINNER, Sa Possaga and	treel to tropped Apt 10%
SAWYER, BOOKKEEPER, etc.	or tous, pary 9 09 2/33
9. Industry or business in which work was done, as SILK MILL, South	
10. Data daceased last worked at /930 11. Total time (years) spent in this occupation (month and /930 occupation	
) yaar)	Other Contributory Causes of Importance:
12. BIRTHPLACE (city or town) (Stata or country)	Heart Failur
αl	// ( /www.co
13. NAME Your Gover	
14. BIRTHPLACE (city or town)	Name of operation
m	What test confirmed diagnosis?
15. MAIDEN NAME Trainer	23. If death was due to external causas (VIOLENCE) fill in also the following:
16, BIRTHPLACE (city or town)  (State or country)	Accident, suicide, or homicide?
17 INFORMANT Margament & Jones.	Where did Injury occur?  (Specify city or town, county and State)  Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.
(Address)	
18. BURIAL, CREMATION, OR REMOVAL	Manner of injury
Placa Januare Mo Date Jan 13 , 19 3	Nature of injury
19. UNDERTAKER To Sacolis sono	24. Was disease or injury In any way related to occupation of deceased?
20. FILED DAY 12 , 19. 8 1 Telaurite he	(Signed) James No South M. D.
Registrar.  If more blanks are needed, address State Registrar.	(Address) C. January Dole M. S. No. 1.
of more viames are needed, underest state Registrat,	aq11 41. Chanes Street, Dathmore, Requesting U. S. 140. I.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

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9.—The industry or business in which the work was done.

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11.—The number of years the deceased followed the occupation.

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Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I		Example II			
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset		
Arteriosclerosis	1915	Attack of epilepsy	1 week ago		
Chronic interstitial nephritis	1921	Run over by street car	1 week ago		
Cerebral hemorrhage	July 5,1927	Peritonitis .	3 days ago		
Other contributory causes of importance:		Other contributory causes of importance:			
Gallstones	May 1,1923	Gastroenteritis	1 year		
			,		

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te A.	STATE OF MARYLAND	CERTIFICATE OF DEATH
state VPA	1. PLACE OF DEATH	(3)
ould OCC	· County Trusce georges	Registration Dist. No. 242
sh of		NoSt.,Ward death occurred in a hospital or institution, give its NAME instead of street and number)
NS nt	Length of residence in city or town where death occurredyrsmos.	ds. How long in U.S. If of foreign birth?yrsmosds.
PHYSICIANS	2. FULL NAME Theodore Putches	
YSI Stat	(a) Residence: No. Cofulal Manual Place of abode)	St., Ward.  If nonresident give city or town and State
PH ct	PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
RIB.	3. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED,	21. DATE OF DEATH
FF	male white OR DIVORGED (write the word)	(Month) (Day) , 193 (Year)
MANEN A C T I assified.	5a. If married, widowed, or divorced HUSBANO of (or) WIFE of Lena W Ketchan	22. I HEREBY CERT FY, That I attended deceased from
SX2	6. DATE OF BIRTH (month, day, and year)	I last say h alive on the last said
IS A PE stated E properly certificate.	7. AGE Years Months Days If LESS han	to have occurred on the date stated above, at
IS A F stated properl	8 4 /5   1 day,hrs.	The PRINCIPAL CAUSE OF DEATH and related causes of Importance were as follows:
he sof co	8. Trade, profession, or particular kind of work done, as SPINNER, Cappeller SAWYER, BOOKKEEPER, etc.	Carlo voo enla se al
VK—TI should it may n back	9. Industry or business In which work was done, as SILK MILL,	disease
INK S sh t it on	10. Dato deceased last worked at this occupation (month and spant in this	
AGE That that	year) L.7.3.1 occupation 4	Other Cantributory Sauses of importance
DIN So ucti	12. BIRTHPLACE (city or town)  (State or country)  (State or country)	Cordiac Julius
UNFADING supplied. AGI n terms, so that ee instructions		
D = 4	13. NAME  14. BIRTHPLACE (city or town)	Name of operation Oate of
T S	(State of comitty)	What test confirmed diagnosis? Was there an au'opsy?
WITH efully in plai	15. MAIOEN NAME  16. BIRTHPLACE (city or town).	23. If death was due to external causes (VIOLENCE) fill In also the following:
car rith	O 16. BIRTHPLACE (city or town).  (State or country)	Accident, suicide, or homicide?
AINLY, ld be cal DEATH y import	5 01 P. to.	Where did Injury occur? (Specify city or town, county and State)
PLAINLY, WI hould be careful OF DEATH in prery important.	17. INFORMANT And Alexander State of St	Specify whether injury occurred in INOUSTRY, in HOME, or in PUBLIC PLACE.
	18. BURIAL, CREMATION, OR REMOVAL	Manner of Injury
	Placely andrig 1 09 1 Oate fair a 7 , 19 3 4	Nature of injury
-WRITE mation s CAUSE TION is	19. UNOERTAKER WWW. Chamber tec	24. Was disease of injury In any way related to occupation of deceased?
B	(Address) 5/7-//X & E	If so, spec(fy
Z	20. FILE and 28, 1934 Grace More	(Signed) M. O M. O M. O

If more blanks are needed, address State Registrar, 2411 N. Charles Speet, Baltimore, Requesting V. S. No. 1.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

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ed causes Date of onset
1 weck ago
1 week ago
3 days ago
e:
1 year

ADDITIONAL SPACE	FOR	FURTHER	STATEMENTS	BY	PHYSICIAN
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Exact statement of OCCUPA.

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	-WRITE PLAINLY, WITH UNFADING INK-THIS IS A PERMA.	mation should be carefully supplied. AGE should be stated EXA
	RI	ion
	W	lat
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N. B.-WRITE PLAINL

V. S. No. 1

CAUSE OF DEATH in plain terms, so that it may be properly classified.

County / 5	Registration Dist. No. 245
	NoSt.,\    St.,    St.,    St.,    Steath occurred in a hospital or institution, give its NAME instead of street and number)
Length of residence in city or town where deeth occurred	sds. How long in U.S. if of foreign birth?yrsmos
2. FULL NAME NOT MINISTER OF WAR	mi wil beek
(a) Residence: No. Hyundow MV (Usual place of abode)	St., Ward.  If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
4. COLOR OR RACE OR DIVORCED (write the word)	21. DATE OF DEATH (Month) (Day) (Yee
5a. If married, widowed, or divorced HUSBAND of	22. I HEREBY CERTIFY, Thet I ettended deceased
(or) WIFE of	1934, to 12 2 19
6. DATE OF BIRTH (month, day, end yeer) San . 5, 1934	1 Jast saw h alive on 2 111 1 2 19 ; death I
7. AGE Yaers Months Days If LESS then	to heve occurred on the date stated above, atm.
nu ormin.	The PRINCIPAL CAUSE OF DEATH and releted ceuses of Importance were as follows:
8. Trade, profession, or particuler kind of work done, as SPINNER, SAWYER, BOOKKEPER, etc	
9. Industry or business in which	Court Mor more
kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc.  9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc.  10. Date decessal lest worked et this occupation (most based)	-
this occupation (month and part in this	
12. BIRTHPLACE (city or town) A full of the country)	Other Contributory Causes of importence:
1 /4 / 10	_
13. NAME 11. BIRTHPLACE (city or town) 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2	Name of operation Deta of
(Stete or country)	Name of operation Deta of What test confirmed diagnosis? Was there en autopsy?
15. MAIDEN NAME TIKES	23. If daeth wes dua to externel ceuses (VIOL ENCE) fill In elso the following:
16. BIRTHPLACE (city or town)	Accident, suicide, or homicide?, 19_
17. INFORMANT Frank Lask (mitter)	Where did injury occur?  (Specify cky or town, county and State)  Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.
18. BURIAL, CREMATION, OR REMOVAL	Menner of injury
PlaceDate19	Nature of injury.
19. UNDERTAKER WOULD	24. Wes diseese or injury in any way releted to occupetion of deceased?
20. FILED Jan 9", 1934 Ms Jas Sarera	(Signad) (Address) A A A A A A A A A A A A A A A A A A

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Example 1		
Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
1915	Attack of epilepsy	1 week ago
1921	Run over by street car	1 week ago
July 5,1927	Peritonitis	3 days ago
	Other contributory causes of importance:	
May 1,1923	Gastroenteritis	1 year
	1921 July 5,1927	of importance were as follows:  Attack of epilepsy  1921 Run over by street car  July 5,1927 Peritonitis  Other contributory causes of importance:

ADDITIONAL	SPACE	FOR	FURTHER	STATEMENTS	BY	PHYSICIAN
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V. S. No. 1

STATE OF MARYLAND	CERTIFICATE OF DEATH
1. PLACE OF DEATH	(20)
County Ornee Leonge	Registration Dist. No. 2 4 2
Village or City Near ardwick	No. St., Ward
	(If death occurred in a horpital or institution, give its NAME instead of street and number)  mosds. How long in U.S. if of foreign birth?
1 00	nos tong in 0.5. It of foreign bitth?ytsmos
2. FULL NAME Quely Jules	@ a
(a) Residence: No. Ardier del 22 Janeary (Usual place of abode)	St., Ward.  If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWE OR DIVORCED (write the wor	
5a. If married, widowed, or divorced HUSBAND of	
(or) WIFE of John P. Luter	22. I HEREBY CERTIFM. Thet I ettended deceased from  1934, to flux 12, 1934
6. DATE OF BIRTH (month, day, and year)	Hast saw heart alive on Jany 12 1, 1934; death is said
7. AGE Years Months Days If LESS th	
42   f dey,	were se follows:
8 Trada profession or particular	Sasta Indivitis Pate of one of
kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc.	
kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc.  9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc.  10. Date decaased last worked at this occupation (month and	
10. Date decaased last worked at 11. Total time (years)	
this occupation (month and spant in this occupation	
12. BfRTHPLACE (city or town)	Other Contributory Causes of importance:
(State or country)	
13. NAME 14. BIRTHPLACE (city or town)	
f 4. BIRTHPLACE (city or town)	Name of operation
(Stata or country)	What test confirmed diegnosis?
15. MAIDEN NAME Emily Carpenter  66. BIRTHPLACE (city or town)  (State or country)	23. If death was due to externel causes (VIOLENCE) fill in also the following:
66. BIRTHPLACE (city or town)	Accident, suicide, or homicide? Date of injury
(State or country)	Where did injury occur? (Specify city or town, county and State)
17. INFORMANT CAULA Tyles (Address) and Cardward and	Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.
18. BURIAL, CREATION, OR REMOVAL	Manner of injury
Place Data Jan 19.	Natura of injury
19. UNDERTAKER SHOWS LA LOWS	24. Was diseesa or injury in any way related to occupation of deceased?
(Address) Bladenslung Me	If so, specify
20. FILED Jan. 14, 1934 Mrs. J.W. Harws er	(Signed) M. D.
Registro	ir. (Address)

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Example I			Example II		
The principal cause of deat of importance were as follo Arteriosclerosis	h and related causes ws:	Date of onset	The principal cause of death and related causes of importance were as follows:  Attack of epilepsy	Date of onset	
Chronic interstitial nephritis	EFO G TO I	1921	Run over by street car	1 week ago	
Cerebral hemorrhage		July 5,1927	Peritonitis	3 days ago	
	BUPFAU V				
Other contributory causes	of importance:		Other contributory causes of importance:		
Gallstones		May 1,1923	Gastroenteritis	1 year	

Exact statement of OCCUPA-

1. PLACE OF DEATH  County  County  Village or City  Length of residence is city of the shall be counted.  A How long in U. S. If of oreign birth?  J. mos.  A How long in U. S. If of oreign birth?  PERSONAL AND STATISTICAL PARTICULARS  S. SINGLE MARKED WHO WED  J. SEX  J. SEX  J. COUR OR RACE  OR DIVINCES Comparison		-CERTIFICATE OF DEATH		
Village or City  Langth of residence by erty of troms-where dash occurred.  Langth of residence by erty of troms-where dash occurred.  Langth of residence by erty of troms-where dash occurred.  A Besidence: No.  Langth of residence by erty of troms-where dash occurred.  A Besidence: No.  Langth of residence by erty of troms-where dash occurred.  A Besidence: No.  Langth of residence is not been as a state of the control of	A SE	(D)		
Langth of residence is etty of troms-where dusth occurred	Million of the Control of the Contro			
Length of residence incity of themselvent death occurred the service of the servi		(If death occurred in a horpital or institution, give its NAME instead of street and number)		
(a) Residence: No.	Length of residence in city or town where dash occurred -yrs.1.3	mosds. How long In U. S. If of foreign birth?yrsmosds.		
PERSONAL AND STATISTICAL PARTICULARS  3. SEX  4. COLOR OR RACE OR DIVORCED (which the word) Sea. If married, widowed, or divorced HUSBAND HUSBAND OR DIVORCED (which the word) OR DIVORCED (which the word)  22. I HER BY CERTIFY, That I attended accessed from 19. p. 19. 19. 19. 19. 19. 19. 19. 19. 19. 19	2. FULL NAME Franklin MEK	arces		
PERSONAL AND STATISTICAL PARTICULARS  3. SEX  4. COLOR OR RACE  5. SINGLE, MARRIED, WIDOWED. OR DIVORCED Gwrite the word)  52. I HER EBY CERTIFY, That I attended decessed from (boy)  6. DATE OF BIRTH (month, day, and year)  6. DATE OF BIRTH (month, day, and year)  7. AGE  8. Months  10 Days  11 LESS than 1 day,				
3. SEX  4. COLOR OR RACE OR DYORCES (write the word) OR DYORCES (write the word) OR DYORCES (write the word)  5. If metried, widowed, or divorced (or) wife of  5. DATE OF BIRTH (month, day, and year) (P. 7   9   3   1   1   1   1   1   1   1   1   1				
Male  Whale  Whale  Whale  Whoshab  Husbando				
Trada, profession, or particular kind of work done, as SPINNER, SAMPER, BOOKNEEPER, etc.  1. Industry or business in which Synantin lines cocupation month and year)  1. BIRTHPLACE (city or town).  (State or country)  1. IISTRIMPLACE (city or to				
HUSBAND of (or) Wife of  6. DATE OF BIRTH (month, day, and year)	5a. If merried, widowed, or divorced	(Month) (Day) (Yéar)		
Trada, profession, or particular kind of work done, as SPINNER, SAWER, BOOKEPER, etc.  SAWER, BOOKEPER, etc.  10 Jo Date deceased last worked at this occupation month and year)  Savery)  12. BIRTHPLACE (city or town)  (State or country)  13. NAME  14. BIRTHPLACE (city or town)  (State or country)  15. BIRTHPLACE (city or town)  (State or country)  16. BIRTHPLACE (city or town)  (State or country)  17. INFORMANT  ABURDAN NAME  18. BURIAL, CRENATION, OR REMOVE  19. UNDERTAKER  (Address)  19. JA 34  A least saw h. alive on.  19. death is said to have occurred on the date stated above, at.  m. m.  10 bate of oneset  11. Total time (years)  spant in this  accupation  Other Centribetery Causes of importance:  When test confirmed diagnosis?  Was there an autopsy?  23. If deeth wes due to axtarnal causes (VIOLENCE) fill in also the following:  Accident, suicide, or homicide?  Date of injury  Netter did injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.  Manner of injury  Nature of injury	HUSBAND of	The late of the la		
T. AGE  Years  Months  Days  If LESS than 1 day,hrs. ormin.  The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows: were as follows: Were as follows: Were BOOKKEPER, etc.  9. Industry or businass in which work was done as SILK MILL, SAWHILL, BANK, etc.  11. Total time (years) spant in this accupation  Other Cestribatery Causes of importance:  12. BIRTHPLACE (city or town) (State or country)  Was there an autopsy?  13. NAME  14. BIRTHPLACE (city or town) (State or country)  15. MAIDEN NAME  16. BIRTHPLACE (city or town) (State or country)  17. INFORMANT  (State or country)  17. INFORMANT  (State or country)  17. INFORMANT  (State or country)  Date  Manner of injury  Where did injury occur?  Specify city or town, country and State)  Spacify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.  Manner of injury  Nature o	6. DATE OF BIRTH (month, day, and year) (2) 7 19 - 19 3 3			
Trada, profession, or particular were as follows:  Kind of work done, as SPINNER, SAWYER, BOOKKEPER, etc.  9. Industry or businass in which work was done, as SILK MILL, SAW MILL, BARK, etc.  10. Date deceased last worked at this occupation (month and year)  12. BIRTHPLACE (city or town).  (State or country)  13. NAME  14. BIRTHPLACE (city or town)  (State or country)  15. MAIDEN NAME  15. MAIDEN NAME  16. BIRTHPLACE (city or town)  (State or country)  17. INFORMANT  (State or country)  17. INFORMANT  (State or country)  18. BURIAL, CREMAJION, OB REMOVEM  (Address)  19. UNDERTAKER  (Address)  (Signeé)  19. UNDERTAKER  (Signeé)				
Trada, profession, or particular kind of work done, as SPINRER, SAWYER, BOOKKEPPER, etc.   Tradaty or business in which work was done, as SILK MILL, SAW MILL, BARK, etc.   SAW MILL, BARK, etc.   100 Date deceased last worked at this occupation (month and sacrupation)	~	ITS. The PRINCIPAL CAUSE OF DEATH and related causes of importance		
SAWYER, BOOKKEPER, etc.  7. Industry or business in which work was done as SIEK MILL, SAW MILL, BANK, HILL, SAW MILL, SAW MILL, BANK, HILL, SAW MILL, BANK	Trade profession or postinute.	Date of onset		
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15. MAIDEN NAME  16. BIRTHPLACE (city or town) (State or country)  17. INFORMANT (Address)  18. BURIAL, CREMATION, OR REMOVE Place (Addrass)  19. UNDERTAKER (Addrass)  20. FILED  10. MAIDEN NAME (Addrass)  12. If deeth wes due to axtarnal causes (VIOLENCE) fill in also the following: Accidant, suicide, or homicide? Date of injury (Specify city or town, country and State) Spacify whether injury occurred in INDUSTRY, in HOME, or In PUBLIC PLACE.  Manner of injury Nature of injury  19. UNDERTAKER (Addrass)  19. UNDERTAKER (Signet)	(State of Country)	1		
Where did injury occur?  17. INFORMANT (Specify city or town, county and State)  Spacify whether injury occurred in INDUSTRY, in HOME, or In PUBLIC PLACE.  18. BURIAL, CREMATION, OR REMOVE  Place (Little of Injury)  19. UNDERTAKER (Addrass)  19. UNDERTAKER (Addrass)  19. UNDERTAKER (Addrass)  19. UNDERTAKER (Addrass)  19. UNDERTAKER (Specify city or town, county and State)  Manner of injury  Nature of injury  24. Was disaase or injury In any way related to occupation of deceased?  If so, specify  (Signe)  (Specify city or town, county and State)  Spacify whether injury occurred in INDUSTRY, in HOME, or In PUBLIC PLACE.  (Specify city or town, county and State)  Spacify whether injury occurred in INDUSTRY, in HOME, or In PUBLIC PLACE.  (Specify city or town, county and State)  Spacify whether injury occurred in INDUSTRY, in HOME, or In PUBLIC PLACE.  (Specify city or town, county and State)  Spacify whether injury occurred in INDUSTRY, in HOME, or In PUBLIC PLACE.  (Specify city or town, county and State)  Spacify whether injury occurred in INDUSTRY, in HOME, or In PUBLIC PLACE.  (Specify city or town, county and State)  Spacify whether injury occurred in INDUSTRY, in HOME, or In PUBLIC PLACE.  (Specify city or town, county and State)  Spacify whether injury occurred in INDUSTRY, in HOME, or In PUBLIC PLACE.  (Specify city or town, county and State)  Manner of injury  Nature of injury  (Specify city or town, county and State)  Manner of injury  Nature of injury  (Signe)  (Signe)  (Specify city or town, county and State)	15. MAIDEN NAME Glida Prollings worth			
Where did injury occur?  17. INFORMANT (Specify city or town, county and State)  Spacify whether injury occurred in INDUSTRY, in HOME, or In PUBLIC PLACE.  18. BURIAL, CREMATION, OR REMOVE  Place (Little of Injury)  19. UNDERTAKER (Addrass)  19. UNDERTAKER (Addrass)  19. UNDERTAKER (Addrass)  19. UNDERTAKER (Addrass)  19. UNDERTAKER (Specify city or town, county and State)  Manner of injury  Nature of injury  24. Was disaase or injury In any way related to occupation of deceased?  If so, specify  (Signe)  (Specify city or town, county and State)  Spacify whether injury occurred in INDUSTRY, in HOME, or In PUBLIC PLACE.  (Specify city or town, county and State)  Spacify whether injury occurred in INDUSTRY, in HOME, or In PUBLIC PLACE.  (Specify city or town, county and State)  Spacify whether injury occurred in INDUSTRY, in HOME, or In PUBLIC PLACE.  (Specify city or town, county and State)  Spacify whether injury occurred in INDUSTRY, in HOME, or In PUBLIC PLACE.  (Specify city or town, county and State)  Spacify whether injury occurred in INDUSTRY, in HOME, or In PUBLIC PLACE.  (Specify city or town, county and State)  Spacify whether injury occurred in INDUSTRY, in HOME, or In PUBLIC PLACE.  (Specify city or town, county and State)  Spacify whether injury occurred in INDUSTRY, in HOME, or In PUBLIC PLACE.  (Specify city or town, county and State)  Manner of injury  Nature of injury  (Specify city or town, county and State)  Manner of injury  Nature of injury  (Signe)  (Signe)  (Specify city or town, county and State)	16. BIRTHPLACE (city or town)			
17. INFORMANT (Address) 5 9. Short S	State or country)	Where did injury occur?		
18. BURIAL, CREMATION, OR REMOVE  Place Zuclustic Control Cont	17. INFORMANT Warries & ME Maries (Address) 5-19 1 201	(Specify city or town, county and State) Spacify whether injury occurred in INDUSTRY, in HOME, or In PUBLIC PLACE.		
Place Date Date 1934  Nature of injury  19. UNDERTAKER (Addrass)  24. Was disaase or injury In any way related to occupation of deceased?  If so, specify  (Signet)  (Signet)		Manner of injury		
19. UNDERTAKER  (Addrass)  (Addrass)  24. Was disaase or injury In any way related to occupation of deceased?  If so, specify  (Signe)  (Signe)	Place/ Zunkingfine/ Date Jane 31/, 193	Neture of interes		
20, FILED Jan 31 1934 Kely Stack (Signer All Bresse HP M.C.		24. Was disaase or injury In any way related to occupation of deceased?		
20, 11110	1 State of the C			
		The same of the sa		

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deccased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.

9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example 1		Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
BUREAU V. S.			
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

V. S. No. 1

of OCCUPA.

1. PLACE OF, DEATH	CERTIFICATE OF DEATH 06678
County James Jorge	Registration Dist. No. 23/
	No. St., Ward (death occurred in a horpital or institution, give its NAME instead of street and number)
2. FULL NAME Carroll ME Ward  (a) Residence: No. Reservable	ds. How long in U.S. if of foreign birth?yrsmosds.
(Usual place of abode) PERSONAL AND STATISTICAL PARTICULARS	If nonresident give city or town and State
3. SEX 4. COLOR OR RACE OR DIVORCED (write the word)	21. DATE OF DEATH  21. DATE OF DEATH  30  193 4
5a. If married, widowed, or divorced HUSBANO of	(Month) (Oay) (Yeer)
(or) WIFE of Jan 20th, 1929	
6. DATE OF BIRTH (month, day, and year)  7. AGE Years Months Deys If LESS then	I last saw h; death is sald to have occurred on the date stated ebove, atm.
Trade, profession, or particular	The PRINCIPAL CAUSE OF DEATH and releted causes of importance were as follows:  Bunned to death
kind of work done, es SPINNER, SAWYER, BOOKKEEPER, etc.  9. Industry or business in which	by home fre
Kind of work done, es SPINNER, SAWYER, BOOKKEEPER, etc.  9. Industry or business in which work wes done, es SILK MILL, SAW MILL, BANK, etc.  10. Date decessed last worked et this occupation (month end year) year)  11. Total time (years) spant in this occupation	
12. BIRTHPLACE (city or town)	Other Contributary Causes of importance:
(State or country)    13. NAME   Solie S. ME NOODIE	
13. NAME  14. BIRTHPLACE (city or town)  (State or country)	Neme of operation
	What test confirmed diagnosis? Wes there an autopsy?
15. MAIDEN NAME Viola Stollings worth  16. BIRTHPLACE (city or town) (State or country)	23. If death was due to external causes (VIOLENCE) fill in also the following:  Accident, suicide, or homicide?
17. INFORMANT Clarence & ME Waries (Address) 15-19. Salverwood & ME Magh	(Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.
Place Susting on HC Octe Jan 31, 1934	Manner of injury
19. UNDERTAKER of Gaselis June (Address) Uksallsvelle md	24. Was disease or injury In any way related to occupation of deceased?
20. FILEO Jan. 31 , 1934 Helm Stack Registrar.	(Signed) Alt Much of M. M. (Address) & Chan On one

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

- 8.—The trade, profession, or particular kind of work done.
- 9.—The industry or business in which the work was done.
- 10.—The month and year the deceased last worked at the occupation.

  11.—The number of years the deceased followed the occupation.

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In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

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Example I		Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
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Chronic interstitial nephritis	1921	Run over by street car	1 week ago
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BUREAU V. S.			
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

should state of OCCUPA.

	CERTIFICATE OF DEATH		
1. PLACE OF DEATH	(10)		
County Fruce George	Registration Dist. No. 23/		
Village or City	At a second seco		
, (1	f death occurred in a hospital or institution, give its NAME instead of street and number)		
Length of residence In city or town where death occurredmrsmos	sds. How long In U.S. if of foreign birth?yrsmosds.		
2. FULL NAME Vestie & ME War	ies		
(a) Residence: No. Pures dale	St., Ward.		
(Usual place of abode)	If nonresident give city or town and State		
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH		
3. SEX 4. COLOR OR RACE OR DIVORCED (write the word)  Male  Marsed  Marsed	21. DATE OF DEATH  (Month)  (Day)  (Yaar)		
5a. If marriad, widowed, or divorced	(month) (Day) (Alaar)		
HUSBAND of Oriola: Mª Daris	22. I HEREBY CERTIFY, That I attanded deceased from		
2000 10 00 10 00 00 00 00 00 00 00 00 00	, 19, to, 19, 19		
6. DATE OF BIRTH (month, day, and year)	I last saw h; death is said		
7. AGE Years Months Days If LESS than	to have occurred on the date stated above, atm.		
2730 -4 - 20 rudy,min.	The PRINCIPAL CAUSE OF DEATH and related causas of importance were as follows:		
Trada, profession, or particular kind of work done, as SPINNER,	Burney to death Date of onset		
SAWYER, BDDKKEEPER, atc. Clerk	by how him		
kind of work done, as SPINNER, SAWYER, BDDKKEEPER, atc.  Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc.  10. Data deceased last worked at Jan 29 11. Total time (years) this occuration (month and bank)	/ accidentate		
10. Data deceased last worked at Jacc 29 11. Total time (years) spant in this 3.440			
this occupation (month and 34 spant in this 344s occupation 34			
12, BIRTHPLACE (city or town) ashville	Other Contributory Causes of importance:		
(State or country) $\mathcal{H}$ 40.	-		
13. NAME Laures: ME Daries			
13. NAME James: ME Daries  14. BIRTHPLACE (city or town)			
(State or gountry)	Name of operation Date of		
	What test confirmed diagnosis? Was thara an autopsy?		
15. MAIDEN NAME Warry Coce	23. If daath was due to external causes (VIOLENCE) fill in also the following:		
16. BIRTHPLACE (city or town)	Accident, suicide, or homicide? Date of injury, 19		

N. B.—V. C.

(Address)

(Address)

19. UNDERTAKER

18. BURIAL, CREMATION, DR REMOVAL

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

Manner of injury Natura of injury.

If so, specify

(Specify city or town, county and State)
Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.

24. Was disease or injury in any way related to occupation of

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

- 8.—The trade, profession, or particular kind of work done.
- 9.—The industry or business in which the work was done.
- 10.—The month and year the deceased last worked at the occupation.

  11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

S Date of onset	m	
3	The principal cause of death and related causes of importance were as follows:	Date of onset
1915	Attack of epilepsy	1 week ago
1921	Run over by street car	1 week ago
July 5, 1927	Peritonitis	3 days ago
	Other contributory causes of importance:	-
May 1,1923	Gastroenteritis	1 year
	1921 July 5,1927	1915 Attack of epilepsy 1921 Run over by street car July 5, 1927 Peritonitis  Other contributory causes of importance:

7		
	,	

	OR	Į	S	
	N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECOR	mation should be carefully supplied. AGE should be stated EXACTLY. PHY	CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact s	
	LE	Y.	国	
10	EN	TL	ed.	
OID	AN	A C	ssifi	
Z	RM	X	cla	
B	PE	e E	rly	cate
OR	A	ate	rope	rtif
ARGIN RESERVED FOR BINDING	SI	e st	e pi	f ce
EI	HI	d b	y be	k of
RV	J	onlo	ma	bac
SE	INE	sh	t it	no
RF	5	AGE	tha	Suo
Z	DIV	-	So	ucti
RG	FA	lied	ms,	ıstr
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	LA	pln	F D	ery
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п	[M-	mat	CAI	TIO
V. S. No. 1	B.		-	1
V.S	ż	1		1

STATE OF MARYLAND—	CERTIFICATE OF DEATH
County Therese Leones	Registration Dist. No. 23/
Village or City Reservable	No. St. Ward
(1)	I death occurred in a horpital or institution, give its NAME instead of street and number) sds. How long in U.S. II of foreign birth?yrsmosds
(a) Residence: No. Suver dale (Usual place of abode)	St., Ward.  If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE Twiste 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)  The state of the st	21. DATE OF DEATH  (Month)  (Day)  (Year)
HUSBAND OF Lesie & ME Daries	22. I HEREBY CERTIFY, That I attended deceased from 19
6. DATE OF BIRTH (month, day, and year) May 8 /908	I last saw h alive on 19; death is said
7. AGE Years Months Days If LESS than 1 day,hrs.	to have occurred on the date stated above, atm.  The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:
8. Trada profession or particular	Burned to death
kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc.  Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc.  10-Data deceased last worked at this occupation (morths and	Gelidental
10. Data deceased last worked at this occupation (month and year)  12. BIRTHPLACE (city or town)  11. Total time (years) spent in this occupation  12. Data deceased last worked at this occupation occupation	Other Centributory Causes of Importance:
(State or country)	
13. NAME  14. BIRTHPLACE (city or town)	
14. BIRTHPLACE (city or town) (State or country)	Name of operation
15. MAIDEN NAME  16. BIRTHPLACE (city or town) (State or country)  17. INFORMANT  Dlarence: 6 Me pagies	23. If death was due to external causes (VIOLENCE) fill In also the following:  Accident, suicide, or homicida?
18. BURIAL, CREMATION, OR REMOVAL  Place Burlington M. C. Data Jan. 31, 1934	Manner of Injury
19. UNDERTAKER 4. Gaselis Tous (Addiess) By attenute mid	24. Was disease or Injury In any way related to occupation of dacaased?  If so, specify
20. FILED from 31 , 1934 William Mark.  Registrar.	(Signed) A Cling Commen

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.
9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

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Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I	1	Example II	
The principal cause of death and related causes of importance were as follows:	-Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
No.			
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

V. S. No. 1

item of infor-	should state	of OCCUPA.	1
RECORD, Every	PHYSICIANS	Exact statement	
WRITE PLAINLY, WITH UNFADING INK-THIS IS A PERMANENT RECORD. Every item of infor-	nation should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state	SAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPA.	icate.
INK-THIS IS	should be state	t it may be prop	on back of certif
H UNFADING	supplied. AGE	in terms, so that	See instructions
PLAINLY, WIT	should be carefull;	OF DEATH in pl	ION is very important. See instructions on back of certificate.
WRITI	nation	AUSE	ION is

STATE OF MARYLAND—	CERTIFICATE OF DEATH 00681
1. PLACE OF DEATH	95-6
County Truce Teorge	Registration Dist. No. 245
Village or City Phystewille md	No. 16 M It ells are St. / Ward
	death occurred in a hospital or institution, give its NAME instead of street and number)
2. FULL NAME Gotherine Rebecca	· ME faile I
(a) Residence: No. 16 H. Well am Physic	thecele ward med
(Usual place of abode)	If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)	21. DATE OF DEATH  (Month)  (Day)  (Year)
5a. H-married, widowad, or divorced  11038AND-as  (or) WIFE-of	Y. I HEREBY CERTIFY, That I attended deceased from
Jeorge M. M = + as Vand	July 31 1934, 10 July 31 1934
6. DATE OF BIRTH (month, day, and year)	I last saw h 27 alive on Sket 1 1 1934; death is said
7. AGE Years Months Oays If LESS than I day,hrs.	to have occurred on the date stated above, atm.  The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:
Trade profession or particular	Courdin Comme Pate of one of
Kind of work dona, as SPINNER, SAWYER, BOOKKEEPER, etc.  9. Industry or business in which work was dona, as SILK MILL, SAW MILL, BANK, etc  11. Total time (years) this occupation (month and	3
SAW MILL, BANK, etc	
this occupation (month and year)	
12. BIRTHPLACE (city or town) Thank LOC.  (State or country)	Other Contributory Causes of importanca:
E /	
[4. BIRTHPLACE (city or town) (State or country)	Name of operation Date of
	What test confirmed diagnosis? Was there an autopsy?
E STANGER TOTAL	23. If daath was dua to external causes (VIOLENCE) fill In also tha following:
S 16. BIRTHPLACE (city or town) Stranges (Stata or country)	Accident, suicide, or homicide?
17. INFORMANT Mrs Russel B Forder	(Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.
18. BURIAL, CREMATION, OR REMOVAL,	Manner of Injury
Place Bludenshing Oate tib: 4 19 34	Natura of injury
19. UNDERTAKER F. Harches Jours	24. Was disease or injury In any way related to occupation of deceased?
(Address) Ayattanille ma	If so, specify
20. FILEO Jela 3 /1934 Mas Jan Severe	(Signed) VICIUM M. D.  (Address) 44 44 44 44 M. D.
	2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

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10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation

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Example I	15	Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
Other contributory causes of importance:  Gallstones	May 1,1923	Other contributory causes of importance:  Gastroenteritis	1 year

V. S. No. 1

# STATE OF MARYLAND—CERTIFICATE OF DEATH

1.	6 -	10	C	1)
U	U	()	0	2

Length of residence in city or town where death occurred 6.0 yrs. mos. ds. How long in U.S. if of foreign birth? yrs. ward. Yes of foreign birth?	1. PLACE O	F DEATH			93-c)
Length of residence in city or town where death occurred. A. yrs	County	since ge	ange	A	Registration Dist. No. 273
(a) Residence: No.			Oark  death occurred 6	A	f death occurred in a hospital or institution, give its NAME instead of street and number)
(a) Residence: No.	2 FILL NA	TANIE C	H 0 + 1 1	E PAM	
PERSONAL AND STATISTICAL PARTICULARS  3. SEX  4. COLOR OR RACE OR DIVARCED (without) Winte OR DIVARCED (with word) OR DI		1.1.	-Tal	Esma PK	St., Ward.
3. SEX Female White State of Country)  3. SEX Female White State or country)  4. COLOR OR RACE St. SINGLE MARRIED, WIDOWED, OR DIVORCED (write the word) Widowed  53. If married, widowed, or divorced HUSAND of OR WITE of John H Powell  54. If married, widowed, or divorced HUSAND of OR WITE of John H Powell  55. If married, widowed, or divorced HUSAND of OR WITE of John H Powell  56. DATE OF BIRTH (month, day, and year)  57. AGE Years Months  47. AGE Years Months  48. If LESS than 1 19.30 to 10.00 min.  58. If Trade, profession, or particular kind of work done, as SPINNER, SANYER, BOUNKEPPR, etc.  59. Industry or business in which word west done, as SILK MILL,  10. Date deceased lest worked at year)  11. Total time (years)  12. RIRTHPLACE (city or town)  (State or country)  13. NAME Philip Fernery  14. BIRTHPLACE (city or town)  (State or country)  15. MAIDEN NAME  16. BIRTHPLACE (city or town)  (State or country)  17. INFORMANT  19. SANGE GEVET  21. DATE OF DEATH and related duses of importance word extended the object. The provided at the state obove, etc. The provided at the provide	PERSON	IAL AND STATIST	ICAL PARTI	CULARS	
53. If married, widowed, or divorced HUSBAND of Corr WIFE of John H Powell  6. DATE OF BIRTH (month, day, and year) Jan 5th 1861  7. AGE Vers Months Days If LESS than 187. AGE Vers Months Days If LESS than 188. AGE Alive on 19.30 to 19.31; deeth is set to have occurred on the date stated above. at 19.32; deeth is set to have occurred on the date stated above. at 19.32; deeth is set to have occurred on the date stated above. at 19.32; deeth is set to have occurred on the date stated above. at 19.32; deeth is set to have occurred on the date stated above. at 19.32; deeth is set to have occurred on the date stated above. at 19.32; deeth is set to have occurred on the date stated above. at 19.32; deeth is set to have occurred on the date stated above. at 19.32; deeth is set to have occurred on the date stated above. at 19.32; deeth is set to have occurred on the date stated above. at 19.32; deeth is set to have occurred on the date stated above. at 19.32; deeth is set to have occurred on the date stated above. at 19.32; deeth is set to have occurred on the date stated above. at 19.32; deeth is set to have occurred on the date stated above. at 19.32; deeth is set to have occurred on the date stated above. at 19.32; deeth is set to have occurred on the date stated above. at 19.32; deeth is set to have occurred an increase of importance water at 19.32; deeth is set to have occurred an increase of importance and the set to have occurred an increase of importance and the set to have occurred an increase of importance and the set to have occurred an increase of importance and the set to have occurred an increase of importance and the set to have occurred an increase of importance and the set to have occurred an increase of importance and the set to have occurred an increase of importance and the set to have occurred an increase occurred an increase of importance and the set to have occurred an increase occurred an increase of importance and the set to have occurred an increase of importance and the set to have occurred a	3. SEX	4. COLOR OR RACE	5. SINGLE, MAR OR DIVORCE	RIED, WIDOWED, D (write the word)	January 4 193 4
6. DATE OF BIRTH (month, day, and year)  7. AGE  Years  Months  Days  If LESS than 1 day, hrs. or. min.  Frade, profession, or particular was as SPINRR, SAWYER, BOOKKEPER, etc. 9. Industry or business in which work wes done, as SILK MILL, SAWMILL, BANK, etc. 10. Date deceased lest worked at this occupation (month and year)  12. BIRTHPLACE (city or town) (State or country)  13. NAME  Philip Ferney  14. BIRTHPLACE (city or town) (State or country)  15. MAIDEN NAME  SASAN GRADE  SASAN GRADE  SASAN GRADE  NAME  SASAN GRADE	5a. If married, widow HUSBAND of	ved, or divorced  John H	Powell		22. I HEREBY CERTIFY, That I attended deceased from
7. AGE Years Months Days If LESS than I day. https://dx.com/lines/fines/	6. DATE OF BIRTH	(month, day, and year)	en 5th	1861	
Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKEEPER, etc		more Months	1	I day,hrs.	The PRINCIPAL CAUSE OF DEATH and related causes of importance
Other Courributory Causes of importance:    12. BIRTHPLACE (city or town)	Z 8. Trade, profe	ssion, or particular work done, as SPINNER,		1 01	Carter dilataton Date of onest
Other Coutributory Causes of importance:    12. BIRTHPLACE (city or town)	SAWYER 9. Industry or	, BOOKKEEPER, etc business in which			-
Other Coutributory Causes of importance:    12. BIRTHPLACE (city or town)	SAW MII	s done, as SILK MILL, LL, BANK, etc			
13. NAME Philip Ferney  14. BIRTHPLACE (city or town) (State or country)  15. MAIDEN NAME  16. BIRTHPLACE (city or town) (Stete or country)  17. INFORMANT (Address)  18. BURIAL, CREMATION, OR REMOVAL Place  Date Jan 8th  19. 34  Menner of injury  (Stete or injury  Mas there an eutopsy?  Accident, suicide, or homicide?  Specify whether injury occurred in INDUSTRY, in HOME, or In PUBLIC PLACE.  Menner of injury  Neture of injury		pation (month and	sper	nt in this	
Was there an eulopsy?  15. MAIDEN NAME  Susan Gayer  16. BIRTHPLACE (city or town) (Stete or country)  17. INFORMANT (Address)  Was there an eulopsy?  Accident, suicide, or homicide?  Where did injury occur?  (Specify city or town, county and State)  Specify whether injury occurred in INDUSTRY, in HOME, or In PUBLIC PLACE.  Menner of injury  Neture of injury	(0.0.000	ntry)	7		Hopfiestention-miteral Pyrigitation
What test confirmed diegnosis? Was there an eulopsy?  15. MAIDEN NAME  Susan Gayer  16. BIRTHPLACE (city or town) (Stete or country)  17. INFORMANT (Address)  Was there an eulopsy?  Accident, suicide, or homicide?  Where did injury occur?  (Specify city or town, county and State)  Specify whether injury occurred in INDUSTRY, in HOME, or In PUBLIC PLACE.  Menner of injury  Neture of injury	13. NAME	Philip Ferne	y		V V
Where did injury occur?  (Specify city or town, county and State)  Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.  (Address)  Wildwood Takoma Park Md.  18. BURIAL, CREMATION, OR REMOVAL Place  Date Jan 8th ., 19.34  Menner of injury  Neture of injury  Neture of injury	14. BIRTHPLACE (State of		ermany		
Where did injury occur?  (Specify city or town, county and State)  Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.  (Address)  Wildwood Takoma Park Md.  18. BURIAL, CREMATION, OR REMOVAL Place  Date Jan 8th ., 19.34  Menner of injury  Neture of injury  Neture of injury	15. MAIDEN NA	ime Sas	an Geyer		23. If death was due to external causes (VIOL ENCE) fill in also the following:
17. INFORMANT JOSEPH POWELL Specify city or town, county and State)  17. INFORMANT JOSEPH POWELL Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.  18. BURIAL, CREMATION, OR REMOVAL Pack Creek Date Jan 8th, 19.34 Menner of injury.  Neture of injury.	16. BIRTHPLACE	(city or town)	ermany		Accident, suicide, or homicide? Date of injury, 19
18. BURIAL, CREMATION, OR REMOVAL Place Rock Greek Date Jan 8th ., 19.34 Neture of injury			Takoma P	erk Md	(Specify city or town, county and State)
19. UNDERTAKER Trank Seiers Sons 60. 24. Was disease or injury in any way related to occupation of deceased?	18. BURIAL, CREMAT	TION, OR REMOVAL			
(Address) ///3. 7 SA N W If so, specify		rank Ge	in So	ns 60.	
0 = - 1100	20. FILED Jun	5 ,1934 J	+ Est Do	Registrar	(Signed) M. M. A. A. M. D.

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Example I	1	Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arterioselerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis Peritonitis	3 days ago
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

FOR BINDING

ARGIN RESERVED

1. PLACE O	STATE	OF MAR	LAND	-CERTIFICATE OF DEATH	0683
County	Thine	ا حد	Long	Registration Dist. No. 2	35
Village or C	ity <u> </u>	~ 7d	•	No. St., If death occurred in a hospital or institution, give its NAME instead of street a	
2. FULL NA		Ce dar	octo	stds. How long in U.S. if of foreign birth?yrs	
PERSON	AL AND STATIS			If nonresident give city or town MEDICAL CERTIFICATE OF DEATH	
3. SEX	4. COLOR OR RACE	5. SINGLE, MA	RRIED, WIDOWED, ED (write the word)	21. DATE OF DEATH	, 193.4
5a. If married, widow HUSBAND of (or) WIFE of	ed, or divorced		9	(Month) (Day)  22.   HEREBY CERTIFY, That I attend	
	month, day, and year)		1933		
7. AGE Yea	Months 3	Days	If LESS than 1 day,hrs. ormin.	to have occurred on the date stated ebove, at	Date of onset
Sawyer,	sion, or perticular ork done, as SPINNER, BOOKKEEPER, etc			Contestional el ortoxication	1. 26.34
work was	done, es SILK MILL, L, BANK, etc.	11 Total	time (yeers)		
this occupyear)	petion (month and	sp	ent in this cupation	Other Contributory Causes of Importance:	
12. BIRTHPLACE (cit (State or cour		ree so	one co	malnutulin	
13. NAME N	icholas	Procl			
13. NAME 14. BIRTHPLACE (State or		naryl	and	Name of operation Date o  What test confirmed diagnosis? Was there	
15. MAIDEN NAI	ME Laura	of def	er	23. If death was due to external causes (VIOL ENCE) fill in also the follow	
16. BIRTHPLACE (State or		and	end	Accident, suicide, or homicide? Date of injury  Where did injury occur? (Specify city or town, county and	
17. INFORMANT (Address)	tra haus	day?	elor	Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC	PLACE.
18. BURIAL, CREMAT	son Cahop	Date 2/	13 ,1234	Manner of injury	
19. UNDERTAKER	afn. Test	tewar	1	24. Was disease or injury in any wey related to occupation of deceased?  If so, specify	
(Address)					

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done. 9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State

the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Example I		Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arterioselerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ogo
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
BUREAU V.S.			
Other contributory causes of importance:		Other contributory causes of importance:	
Gollstones	Moy 1,1923	Gostroenteritis	1 year

ADDITIONAL SPACE FOR	FURTHER STATEMENTS BY PHYS	ICIAN /
In authornalia	of butt meser see	lette kiled
muder Dr Stofte	F	
	0	

0 CAUSI CAUSI 00

PLACE OF DEATH <sup>2</sup>FULL NAME PERSONAL AND STATISTICAL MEDICAL CERTIFICATE OF DEATH SSINGLE. 3 SEX 4 COLOR OR RACE 16 DATE OF DEATH MARRIED WIDOWED. OR DIVORCED 6 DATE OF BIRTH never that I have saw h (Month) (Day) 7 AGE IIf LESS than I day hrs. The CAUSE OF DEATH \* or min.? 8 OCCUPATION (a) Trade, profession or particular kind of work (b) General nature of industry business, or establishment in which employed or (employer) Contributor 9 BIRTHPLACE (State or country 10 NAME OF FATHER 11 BIRTHPLACE OF FATHER ENT (State of country) 12 MAIDEN NAME 18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transiemts or Recent Residents) 13 BIRTHPLACE At place OF MOTHER (State or Country Where was disease contracted, il not at place of dea.h?. TO THE BEST OF MY KNOWLEDGE Former or usual residence (Informant) 20 UNDERTAKER Filed Registrat

STATE OF MARYLAND CERTIFICATE OF DEATH

Registration Dist. No.

(If death occurred im Ward) a hospital or institution, give Its NAME it number.)

(Month) (Day) I HEREBY CERTIFY, That Inttended the deceased from and that death occurred on the date stated above, at / (Address) ..... State the l'iscase Causing Death, or, In deaths from Violent Causes, state (1) Means of Injury and (2) Whether Accidental, Suicidal or Homicidal.

19 PLACE OF BURIAL OR REMOVAL

DATE OF BURIAL

In the

ADDRESS

if more banks are needed, addre.s ttate Registrar, 16 W. Saratoga St., Balto., Requesting V. S. No.

(Approved by U. S. Census and American Public Health Association.)

Spinner. (b) Cotton mill; (a) Salesman. (b) Grocery; (a) Foreman, (b) Automobile factory. The material additional line is provided for the latter statement; it fulness of various pursuits can be known. The quescupation is very important, so that the relative healthtired 6 yrs). should be used only when needed. As examples: (a) sary to know (a) the kind of work and also (b) the Statement of Occupation-Precise statement of ocbusiness, that fact may be indicated thus; Farmer (re-tired 6 yrs). For persons who have no occupation state occupation at beginning of illness. If retired iron g: ged in domestre service for wages, as Servant, Cook ployed, as At school, or At home. Care should be taken definite salary), may be entered as Housewife, Houselaborer, Farm laborer, Laborer—Coal mine, etc. Women at home, who are engaged in the duties of the nature of the business or industry, and therefore an cases, especially in industrial employments, it is necestle first line will be sufficient, e. g., Farmer or Planter, whatever, write None. or given up on account of the DISEASE CAUSING DEATH Housemaid, etc. If the occupation has been changed household only (not paid Housekeepers who receive a worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Deal-Civil engineer, Stationary fireman, etc. But in many tion applies to e.ch and every report specifically the occupations of persons enor At Home, and children, not gainfully em-For many occupations a without more precise specification as Compositor, Architect, Locomolive engineer, single word or term on person, irrespective of Day

Strtement of Cause of Death—Name, first, the Disease Coursing Death (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebros; inal meningitis"; Diphlheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid Pneumonia," Lobar pneumonia, Bronchopneumonia ("Pneumonia,"

Recommendations on statement of cause of death telulus) may be stated under the head of "contributory." accident; Revolver wound of head-homicide; Poisoned by "PUERPERAL septicaemia," "PUERPERAL peritonitis, "Enhaustion," "Heart failure," "Haemorrhage, "Inanition," "Marasmus," "Old Age," "Shock, "Debility" ("Congenital," "Senile," etc.), "Drcpsy, stated unless important. ..... (name origin; "Cancer" is less definite; avoid American Medical Association.) approved by Committee on carbolic acid—probably suicide. The nature of the injury, or as probably such, if impossible to determine definitely and qualify as ACCIDENTAL, SUICIDAL or HOMICIDAL, taken. For VIOLENT DEATHS state MEANS OF INJULY State cause for which surgical operation was underdiseases resulting from childbirth or miscarriage as "Uraemia," "Weakness," etc., when a definite dizease tions, such as "Asthenia," "Anaemia" (merely symptomcausing death), 29 ds.; Bronchopneumonia (secondary), (secondary or intercurrent) use of "Tumor" for malignant neoplasms); Measles; inges, perlonaeum, etc., Carcinoma, Sarcoma, etc., of unqualified, is indefinite); Tuberculosis of lungs, mengs fracture of skull, and consequences (e.g., sepsis, Examples: Accidental drowning; Struck by railway traincan be ascertained as the cause. Always qualify all Chronic interstitial nephritis, Whooping cough; "Atrophy," "Collapse," "Coma," "Convulsions, Never report mere symptoms or terminal condi ," "Heart failure," "Haemorrhage, Chronic Example: Measles (disease etc. The contributory affection need valvular heart discase; Nomenclature of the not be

If this certificate is looked over thoroughly and a l qu stions assured in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanently filed.

BINDING

FOR

MARGIN RESERVED

V. S No. 1

Co	1PLACE	OF DEATH	<u>ı —                                   </u>	1 1000	49		TE OF DEATH
Villag	ge or City	Cui An	J. Quart		Men Mil	Registration Wa	on Dist. No. 23/ ard) (If denth occurred in a hospital or institution, give its NAME instead of street and number.)
	PERSON	AL AND STATIST	ICAL PARTIC	ULARS	MEI	DICAL CERTIFICAT	E OF DEATH
3 SE)	F.	4 COLOR OR RACE White	SSINGLE, MARRIED, WIDOWED. OR DIVORCE (Write the word	Married	16 DATE OF DEA	Jan 14	, 19234 14 (Day) / 934 (Year)
8 DA	TE OF BIRT	Unku (Month	) (Day)	, 1.8%( (Year)	Jan-	EBY CERTIFY, That I	Jan 14 , 1834.
(a)	CUPATION Trade, pro	fession or	mosn. d	If LESS than I dayhrs. ormin.?	1	ccurred on the date sta	
busi	iness, or es	ture of industry tablishment in d or (employer)			Contributory	(Durstion)	de.
<u> </u>	O NAME OF	11.6	land Driscol	1	(Signed)	R-M. (Duration)	andid M.D.
S L N L	OF FATHE (State or	R Tr	eland		*State the Violent Causes	1 is ase Causing Dea stats (1) Means of	th, or, in deaths from Injury and (2) Whether
A S	OF MOTH	87 A 20 22	Driscoll		18 LINGTH OF	RESIDENCE (For Ho	spitals, Institutions, Irans-
13	OF MOTH	ER Tro	land		At place of deathyrs	ds. In	the Stateyrsmosds.
	E ABOVE IS (Informant)	John Cli John Cli (58) Phie	ractaron	LEDGE d,	if not at place of Former or usual residence 19 PLACE OF BU	RIAL OR REMOVAL	DATE OF BURIAL
rs Fi	iled 1/15	If more banks are	Blvar Reference	Jegistrai	20 UNDERTAKER  Limitly  18 W. Saratova S	Hanlon	ADDRESS 641-4-24.M.

# REVISED CERTIFICATE OF DEATH UNITED STATES STANDARD

(Approved by U. S. Census and American Fublic Health Association.)

state occupation at beginning of illness. If retired from laborer, Farm laborer, Laborer—Coal mine, etc. Womwhatever, write None. business, that fact may be indicated thus; Farmer (re or given up on account of the DISEASE CAUSING DEATH, gaged in domestic service for wages, as Servant, Cook ployed, as At school, or At home. Care should be taken definite salary), may be entered as Housewife, House-Spinner, should be used only when needed. As examples: (a) additional line is provided for the latter statement; it sary to know (a) the kind of work and also (b) the the first line will be sufficient, e.g., Farmer or Planter, fulness of various pursuits can be known. The quescupation is very important, so that the relative health-Housemaid, etc. If the occupation bas been changed to report household only Never return "Laborer," "For man," "Nanager, nature of the business or industry, and therefore an Civil engineer, tion applies to eich and every person, irrespective ci Statement of Occupation-Precise statement of oc-Physician, Compositor, Architect, worked on may form part of the second statement. Foreman, or At Home, and children, not gainfully emespecially in industrial employments, it is necesyrs). For persons who have no occupation (b) Cotton mill; (a) many occupations a single word or term on specifically the occupations of persons en-(b) Automobile factory. The materia. Stationary fireman, etc. But in many (not paid Housekeepers who receive a Salesman. Locomotive engineer, 6) r,""Deal-Grocery;

s. inal meningitis"); Dinhtheria (avoid use of "Croup" Lobar pneumonia, Bronchopneumonia ("Pneumonia, Typhoid fever (never report "Typhoid Pneumonia") ed term for the same dise.se. Examples: Cerebrospinal EASE CAUSING DEATH (the primary affection with respect Statement of Cause of Death-Name, first, the DISfever (the only definite synonym is "Epidemic cerebrotime and causation), using always the same accept-

> American Medical Association.) approved by tetanus) may be stated under the head of "contributory." as fracture of skull, and consequences (e. g., sepsis, carbolic acid-probably suicide. The nature of the injury, accident; Revolver wound of head-homicide; Poisoned by or as probably such, if impossible to determine definitely. and qualify as ACCIDENTAL, SUICIDAL or HOMICIDAL, taken. For VIOLENT DEATHS state MEANS OF INJULY State cause for which surgical operation was under-"PUERPERAL seplicaemia," "PUERPERAL perilonilis," etc. diseases resulting from ebildbirth or miscarriage can be ascertained as the cause. Always qualify all "Uraemia," "Weakness," etc., when a definite disease "Inanition," "Marasmus," "Old Age," "Shock," "Debility" ("Congenital," "Senile," etc.), "Dropsy, atic), "Atrophy," "Collapse," "Coma," "Convulsions, tions, such as "Asthenia," "Anaemia" (merely symptomstated unless important. Example: Measles (disease use of "Tumor" for malignant neoplasms); ..... (name origin; "Cancer" is less definite; avoid (Recommendations on statement of cause of death Examples: Accidental drowning; Struck by railway train-E haustion," "Heart failure," "Haemorrhage, eausing (secondary Chronic interstitial nephritis, inges, peritonaeum, etc., Carcinoma, Sarcoma, unqualified, is indefinite); Tuberculosis of lungs, men-Never report mere symptoms or terminal condideath), 29 ds.; Bronchopneumonia (secondary), cough; 10 Committee on intercurrent) Chronic etc. affection need not be valvular heart disease; Nomenclature The contributory Mcasles; etc., of

If this certificate is looked, over thoroughly and all qu stions answered in detail, it will progent further correspondence. All the data is essential and must be obtained before the certificate is permanently filed.



state STATE OF MARYLAND—CERTIFICATE OF DEATH 1. PLACE OF DEATH OCC plnods County\_\_ Village or City. Registration Dist. No PHYSICIANS Length of residence in city or town where death occurred. statement (If death occurred in a hospital or institution, give its NAME instead of street and number) How long in U.S. if of foreign birth?\_\_ (a) Residence: No. Ward. (Usual place of abode) PERSONAL AND STATISTICAL PARTICULARS If nonresident give city or town and State 3. SEX MEDICAL CERTIFICATE OF DEATH 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED, 21. DATE OF DEATH DIVORCED (write the word) white BINDING 5a. If married, widowed, or divorced HUSBAND of (Month) (or) WIFE of I HEREBY CERTIFY, That I attended deceased from certificate. 6. DATE OF BIRTH (month, day, and year) proper 7. AGE Years Months If LESS than have occurred on the date stated above, at I day, ---- hrs. The PRINCIPAL CAUSE OF DEATH and related causes of importance Trade, profession, or particular or\_\_\_\_min. RESERVED OCCUPATION Jo kind of work done, as SPINNER, SAWYER, BDDKKEEPER, etc. Plnoys may Date otonset back 9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc .... 1D. Date deceased last worked at this occupation (month and year) on that II. Total time (years) instructions spent in this occupation. 80 12. BIRTHPLACE (city or town) Dther Cantributory Causes of Importance: (State or country) terms, FATHER 13. NAME See lain 14. BIRTHPLACE/(city or town) (State of country) Name of operation. Id important. MOTHER 15. MAIDEN NAME What test confirmed diagnosis? in DEATH 23. If death was due to external causes (VIOLENCE) fill in also the following: 16. BIRTHPLACE (city or town) pe (State of country Accident, suicide, or homicide?\_\_\_\_\_\_ Date of injury\_\_\_\_\_\_, 19 Where did injury occur?\_ plnoys 17. INFORMANT OF Specify whether injury occurred in INDUSTRY, in HDME, or in PUBLIC PLACE. (Specify city or town, county and State) (Address) 18. BURIAL, CREMATION, OR REMOVAL CAUSE mation LION Manner of injury Nature of injury 19. UNDERTAKER 24. Was disease or injury in any way related to occupation of deceased? (Address) If so, specify (Signed). (Address) If more blanks are needed, address State Registrar, 2411 N. Charles Street. Baltimore. Requesting 71 S. N.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.
9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I		Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
II SALAO V. S	18		-
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

STATE OF MARYLAND—CERTIFICATE OF DEATH 1. PLACE OF DEATH Registration Dist. No. Village or City (If death occurred in a hospital or institution, give its NAME instead of street and number) How long in U. S. if of foreign birth? vrs. mos. ds. (Usual place of abode) If nonresident give city or town and State MEDICAL CERTIFICATE OF DEATH PERSONAL AND STATISTICAL PARTICULARS 3. SEX 5. SINGLE, MARRIED, WIDOWED, 21. DATE OF DEATH niamea (Month) 5a. If married, widowed, or divorced HUSBANO of CERTIFY, That I attended deceased from (or) WIFE of 6. DATE OF BIRTH (month, day, and year) 7. AGE Months If LESS than to have occurred on the date stated above, et / 1 day ....-hrs The PRINCIPAL CAUSE OF DEATH and related causes of Importance Date of enset 8. Trade, profession, or particular OCCUPATION kind of work done, as SPINNER. SAWYER, BOOKKEEPER, etc. 9. Industry or business in which plno may work wes done, as SILK MILL. SAW MILL. BANK, etc .... 10. Date deceased last worked et 11. Total time (years) spent in this 614 this occupation (month and 12. BIRTHPLACE (city or town (State or country) FATHER 14. BIRTHPLACE (city or town) (State or country) carefully What test confirmed diagnosis?. MOTHER 15. MAIDEN NAME important 23. If death was due to external causes (VIOL ENCE) fill in also the following: Accident, suicide, or homicide? Date of injury 16. BIRTHPLACE (city or town) (State or country) Where did injury occur? .... Specify whether injury accurred In INOUSTRY, In HOME, or in PUBLIC PLACE. OF (Address) 18. BURIAL CREMATION, OR Nature of injury LION 24. Was disease or injury in any way related to occupation of deceased? If so, specify

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting V. S. No. 1.

BINDING

RESERVED

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

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- 8.—The trade, profession, or particular kind of work done. 9.—The industry or business in which the work was done.
- 10.—The month and year the deceased last worked at the occupation.
- 11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

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Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

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Chronic interstitial mephritis C.L 5 1:1	1921	Run over by street car	1 week ago
Cerebral hemorrhage BUREAU V. S.	July 5,1927	Peritonitis **	3 days ago
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year
	1		

V. S. No. 1

of OCCUPA.

STATE OF MARYLAND-CERTIFICATE OF DEATH

1. PLACE OF DEATH	238
Village pr City Cunton (Typell).	Registration Dist. No. St., Ward
(If Length of residence in city or town where death occurredyrs,mos.	death occurred in a hospital or institution, give its NAME instead of street and number)
2. FULL NAME Walny ( Coheso	M
(a) Residence: Np. Curlo M. (Usual place of abode)	St., Ward.  If monresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
SEX Wale 4. COLOR OR RACE OR DIVORCED (write the word)	21. DATE OF DEATH  (Month)  (Day)  (Year)
a. If merriad, widowed, or divorced HUSBAND ot (or) WIFE of	22. I HEREBY CERTIFY. That t attanded daceased trom
DATE OF BIRTH (month, dey, and year) am 9 1934	I last saw halive on from the delta is said
AGE Years Months Deys If LESS than 1 dey,hrs. ormin.	to have occurred on the date stated above, atm.  The PRINCIPAL CAUSE OF DEATH and releted causes of Importance ware es tollows:  Date of onset
8. Trade, profassion, or particular kind of work dona, as SPINNER, SAWYER, BOOKKEEPER, etc.	LAOM ALANTA
9. Industry or business in which work was dona, as SILK MILL, SAW MILL, BANK, etc	7,00,000,000
10. Date deceased last worked at this occupation (month and yeer)	
2. BIRTHPLACE (city or town)	Dither Contributory Causes of Importance:
13. NAME Edward Srune Cotiesm.	acting Corrow Jang 1934
14. BIRTHPLACE (city or town) At the Country)	Name of operation Date of What test confirmed diagnosis? Was there an autopsy?
15. MAIDEN NAME May English Vaker	23. If death was due to axternal causes (VIOLENCE) fill in also the following:
16, BIRTHPLACE (city or town) Y naty and	Accident, suicide, or homicide?
7. INFORMANT May English Dake (Address)	(Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.
8. BURIAL, CREMATION, DR REMOVAL PROPERTY OF THE PROPERTY OF T	Manner of injury
9. UNDERTAKER CAUSES B Kaperson (Address) Cheulon & Tho	24. Was diseasa er injury In any way related to occupation of decaesad?
20. FILED au 9 , 1934 Cerfl Julius Registrar.	(Signed) (Address) (Address) (Address) (Signed) (Address) (Address

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

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10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

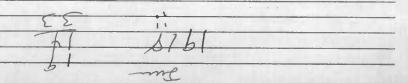
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In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

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Example I		Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
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Chronie interstitial nephritis	1921	Run over by street ear	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
1: 12: 13:		·	
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year



STATE OF MARYLAND—	CERTIFICATE OF DEATH
1. PLACE OF DEATH	00689
county truck for	Registration Dist. No. 239
Village or City Raubles Will	NoSt.,Ward
	death occurred in a horpital or institution, give its NAME instead of street and number) ds. How long in U.S. if of foreign birth?yrsds.
2. FULL NAME CHANGE TO OUT	
(a) Residence: No. Xaurel WW	PA Ward
(Usual place of abode)	St., Ward.  If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OF RACE OR DIVORCED (write the word) 5a. If married, widowad of tivorcad	21. DATE OF DEATH  (Month)  (Day)  (Year)
HUSBAND of Cor) WIFE of Mancies S. Roof	22, I HEREBY CERTIFY, That I attended deceased from  193 V to 9mm 28  193 4
6. DATE OF BIRTH (month, day, and year) we 13th 1848	I last saw harm alive on Jan 25 1937; death is said
7. AGE Years Months Days If LESS than	to have occurred on the data stated above, at 11.43Am.
3 1 16 1 day,hrs. ormin.	Tha PRINCIPAL CAUSE OF DEATH and related causes of Importance were as follows:
Note that the second state of the second state	Bronche-premnonia Jan 23
9. Industry or business in which work was done, as SILK MILL,	
SAW MILL, BANK, etc	
O 10-Date deceased last worked at this occupation (month and spant in this occupation county of this occupation this occupation	
	Other Contributory Causes of importance:
12. BIRTHPLACE (city or town) (State or country)	
13. NAME CYPUS GOOT.	
14. BIRTHPLACK (city or town)	Name of operation
(State/or country)	What test confirmed diagnosis? Was there an autopsy? Mar-
15. MAIDEN NAME Nelia a. Ilockings	23. If death was due to external causes (VIOLENCE) fill in also the following:
15. MAIDEN NAME Velia a. Slockings  16. BIRTHPLACE (city or town)	Accident, suicide, or homicide? Date of injury, 19
(State or country)	Where did injury occur?
17. INFORMANTY Maules S. Goot, (Address) Laurel M.	(Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, in HOME, or In PUBLIC PLACE.
18. BURIAL, CREMATION, OR REMOVAL	Manner of injury
Place Derfice Compare Au 31, 1934	Nature of injury
19. UNDERTAKER AUGUSEL	24. Was disease or injury in any way related to occupation of deceased? Not it so, spently the first the son the second of the s
20. FILED Jaw 31 1934 M. Brashema	(Signed) 402 Marin St M.O.
Registrat.	(Address) Innul mil

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.
9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I		Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5, 1927	Peritonitis	3 days ago
FEB 1 1934			
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

ORD. Every item of infor-AGE should be stated EXACTLY. PHYSICIANS should should be stated EXACTLY. UNFADING INK-THIS IS A PERMANENT R ARGIN RESERVED FOR BINDING TION is very important. See instructions on back of certificate. CAUSE OF DEATH in plain terms, so that it may be mation should be carefully supplied. B.—WRITE PLAINLY, WIT.

V. S. No. 1

STATE OF MARYLAND—	CERTIFICATE OF DEATH 66690
1. PLACE OF DEATH	92:0)
- County Truck Glo.	Registration Dist. No. 239
- Village or City aurel MC	NoSt., Ward
	death occurred in a horpital or institution, give its NAME instead of street and number)  ds. How long in U.S. if of foreign birth?mosds.
2. FULL NAME Henry M. Scott	
(a) Residence: No. Laukel Mid	St.,Ward.
(Usual place of abode)	If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE OR DIVORCED (write the ward) Wale White Harried	21. DATE OF DEATH  (Month) (Day) (Year)
5a. If marriad, widowed, or divorced HUSBAND of (or) WIFE of	22. I HEREBY CERTIFY, That I attended decaasad from
15th 18/8	193K, to 1/2, 193 K
6. DATE OF BIRTH (month, day, and year) kine 10	I last saw hand alive on 1/2, death is seid
7. AGE Years Months Days If LESS than I day,hrs.	to heve occurred on the dete stated above, at
60 1 6 10 lor_4_min.	were es follows:
Trede, profession, or particular kind of work dona, as SPINNER, fustice of trace SAWYER, BOOKKEEPER, etc.	Elle Endorarghtis/ 1926
9 Industry or business In which	Carshal Trypully 1923
DI CAW MILL DANK oto	
10. Date decaasad last work of at this occupation (month and year)  year)  11. Total time (years) spant in this occupation (month and year)	
12. BIRTHPLACE (city or town) Uppervile  (State or county)	Other Contributory Causes of importence:
1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	Wente Cardial
13. NAME Ofu 14. Scott  14. BIRTHPLACE (city or town) lighty and dire	Dilitation 1/2/34
14. BIRTHPLACE (city or town) Light and Miles (State or country)	Name of operation Date of
	What test confirmed diagnosis? Was thera an au'opsy?
15. MAIDEN NAME Mary stitzbugh	23. If death was due to external causes (VIOLENCE) fill in also the following:
16. BIRTHPLACE (city or town)	Accident, suicide, or homicide?
(State of County)	Whare did injury occur?(Specify city or town, county and State)
17. INFORMANT AUREL Mai)	Specify whether injury occurred in INDÚSTRY, in HOME, or In PÚBLIC PLACE.
18. BURIAL, CREMATION, OR REMOVAL	Manner of injury
Place Spervelle Md Date Must 11., 1934	Nature of injury
19. UNDERTAKER YOUR Kaiser	24. Wes diseese or injury In any wey related to occupation of daceasad?
(Address) Layerel Mil.	If so, specify
20. FILED Jan 3 , 1934 M. Brashens Registrar.	(Signad) & FWarry M.D.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done. 9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

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Example I		Example II	
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Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5, 1927	Peritonitis	3 days ago
BUDEAU V.C.			
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

V. S. No. 1

(Address)

	CERTIFICATE OF DEATH 00691
1. PLACE OF DEATH	8
County Princes Levyes	Registration Dist. No. 24
	ND. St., Ward f death occurred in a hospital or institution, give its NAME instead of street and number)
Length of residence in city or town where death occurred yrs most 2. FULL NAME Premature Itil	ds. How long in U.S. if of foreign birth?
(a) Residence: No. (Usual place of abode)	St., Ward.  If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE   5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (prite the word)	21. DATE OF DEATH  (Month)  (Day)  (Yaar)
5a. If married, widowed, or divorced HUSBAND of (or) WIFE of	22. 1 HEREBY CERTIFY, That I attended deceased from
6. DATE OF BIRTH (month, day, end year) Jan. 22, 1934	1   1   1   1   1   1   1   1   1   1
7. AGE Years Months Days If LESS than	to have occurred on the date stated above, at
I day,hrs.	was as follows:
8. Trade, profession, or particular kind of work doma, as SPINNER, SAWYER, BDDKKEEPER, etc	Date of onset
9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc.	remature flots.
10. Date deceased last worked et this occupation (month and year)	tille.
12. BIRTHPLACE (city or town) (State or country)	Dther Contributory Causes of importance:
13. NAME Charles shown frost	
14. BIRTHPLACE (city or town) Jackson City (Stata or country)	Name of operation
15. MAIDEN NAME A Orrotor Elizabeth Beh	What test confirmed diagnosis?
16. BIRTHPLACE (city or town) Phinese Stery's (State or country)	23. If death was due to external causes (VIOLENCE) fill In elso the following:  Accident, suicide, or homicide?
17. INFORMANT Charles Thomas Sail	(Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, in ROME, or in PUBLIC PLACE.
18. BURIAL, CREMATION, OR REMOVAL Place FARANNE A CENTRAL Data Jan. 23, 1934	Manner of injury
19 UNDERTAKER 7/1 4/1	24. Was disease or Injury in any way related to occupation of deceased?

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting V. S. No. 1.

Registrar.

If so, specify (Signed)

(Address) .....

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

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11.-The number of years the deceased followed the occupation.

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Chronic interstitial nephritis = C = 1 V = D	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
EE 7 15.5	- Charles		
Other contributory causes of importance:	Control of the contro	Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

ADDITIONAL SPACE FOR FURTH		
An authornalin of father	name me	buth enterenti
which is correct!		U

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting V. S. No. 1.

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Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
EUDEAU V S.			
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

V. S. No. 1

-1	STATE OF MARYLAND—	CERTIFICATE OF DEATH
	1. PLACE OF DEATH	(184)
1	County Truce Heorge	Registration Dist. No. 230
1	Village or City Dancels Cash	No. St., Ward
1	Length of residence in city of four where death occurred / yrsmos.	death occurred in a horpital or institution, give its NAME instead of street and number)
	2. FULL NAME Heury leron &	much
ľ	(a) Residence: No. Backele Cash	St.,Ward.
1-	(Usual place of abode) PERSONAL AND STATISTICAL PARTICULARS	If nonresident give city or town and State
1-		MEDICAL CERTIFICATE OF DEATH
	3. SEX 4. COLOR OR RACE OB DIVORCED (write the word)	21. DATE OF DEATH (Month) (Day) (Year)
	5a. If married, widowed, or divorced HUSBAND of Arrive Married Dixaldson Arrieth	22.   I HEREBY CERTIFY That I attended deceased from
	2/12 2 2/12 2	Jaley 20, 1934, 10 Janes 30, 1934
= 1		Vast saw h; death is said
ific	7. AGE Years Months Days If LESS than 1 dayhrs.	to have occurred on the date stated abova, at
ert	0 0 ormin.	The PRINCIPAL CAUSE OF DEATH and related causes of Importance were as follows:
o Jo	B. Trade, profession, or particular kind of work dona, as SPINNER	Tem shat wound.
0	kind of work dona, as SPINNER SAWYER, BOOKKEEPER, etc 9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc 10. Data deceased last worked at this occuration (month and	Alcouland which accordently
back	9. Industry or business in which work was done, as SILK MILL, sales	derihanged shot can which
9	SAW MILL, BANK, etc	please off the top portion of he
	- Ing geogration (mouth and about 11111)	College I and
Su	year) occupation	Other Contributory Causes of Importanca;
tic	12. BIRTHPLACE (city or town) heladelpoke	State of the state of importance.
instructions	(State or country)	
ıst	13. NAME Jason J. Smith	
		Rine
See	14. BIRTHPLACE (city or town) (State or country)	Name of operation Date of
. 1		What test confirmed diagnosis? Was there an au'opsy?
important	15. MAIDEN NAME LETTE ILEAN  16. BIRTHPLACE (city or town) Belance  (State or country)	23. If death was dua to external causes (VIOL ENCE) fill in also tha following:
rta	0 16. BIRTHPLACE (city or town).	Accident, suicide, or homicide?Date of Injury19
odi	State or country)	Where did injury occur? Lean of heir Korne
T.	17. INFORMANT Of J. Amith	(Specify city or town, county and State) Specify whether jajury occurred in INDUSTRY, In HOME, or in PUBLIC PLACE.
Wery	- (Address)	ne his property ( Rear of Roses 1
	18. BORIAL, CREMATION, OR REMOVAL	Manner of injury acceleration dicharge of your
18	Placa / Delleville M. Date Jel 3/1934	Nature of injury with kaint of least blose of
NOIL	14.4.1.1	
F	19. UNDERTAKER CASCULA CLOSE (Address)	24. Was disease or injury in any way felated to occupation of deceased?
	The contract of the contract o	If so, specify
U	20. FILED Eg 3- 134 John & Smith	(Signed) M. D. (Address) Alexander M. D.
	If more blanks are needed, address State Registrar,	2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

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9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

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Chronic interstitial nephritis E.C. E. V. T. B.	1921	Run over by street car	1 week ago
Cercbral hemorrhage	July 5, 1927	Peritonitis	3 days ago
FEB 5 1934			
Other contributory causes of importance: S.		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year



STATE OF MARYLAND	-CERTIFICATE OF DEATH 00694
1. PLACE OF DEATH	<u> </u>
County On Front	Registration Dist. No. 230
Village or City Mushuh	No. St., Ward
Length of residence in city or town where death occurredyrs,	(If death occurred in a hospital or institution, give its NAME instead of street and number)  osds. How long in U.S. it of foreign birth?mosds.
2. FULL NAME Infaur Thomas	
(a) Residence: No. mys from m	St. Ward.
(Usual place of abode)	If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)	21. DATE OF DEATH
5a. If married, widowed, or divorced	(Month) (Day) (Yaar)
HUSBAND of (or) WIFE of	22. I HEREBY CERTIFY, That I attended deceased from
1 3/3//	, 19 , to , 19 , 19
6. DATE OF BIRTH (month, day, and year)	I last saw h aliva on, 19; death is said
7. AGE Years Months Days If LESS than 1 day,	to have occurred on the date stated abova, at
8. Trada, profession, or particular	were as follows:
kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc.	Jule Buth -
9. Industry or business in which	
work was done, as SILK MILL, SAW MILL, BANK, etc	
U 10. Date deceased last worked at this occupation (month and yaar)	
221	Other Coutributory Causes of importance:
12. BIRTHPLACE (city or town) (State or country)	
13. NAME Malter Thomas	
13. NAME Maller Thomas  14. BIRTHPLACE (city or town) Much short	Name of operation Date of
(State of country)	What test confirmed diagnosis? Was there an autopsy?
15. MAIDEN NAME Mattie Franklin	23. If death was due to external causes (VIOL ENCE) fill In also the following:
15. MAIDEN NAME Mattie Franklin  16. BIRTHPLACE (city or town). Manacher 16.	Accidant, sulcide, or homicida? Date of injury, 19
(State or country)	Where did injury occur? (Specify city or town, county and State)
17. INFORMANT Waller Shimus (Address) murker & ma	Specify whether Injury occurred in INDÚSTRY, In HOME, or In PUBLIC PLACE.
18. BURIAL, CREMATION, OR REMOVAL	Manner of injury
Placo Mu Risk Md: Date Jan 31, 193	Nature of Injury
19. UNDERPAKER JOS Commany (Aldress) Mandish md.	24. Was disease or injury in any way related to occupation of daceasad?
20. FILED Jan. 31-, 19.34 John & Smether Registrar.	(Signed) M. D.  (Address) Aurus M. D.
If more blanks are needed, address State Registr	17, 2411 N. Charles Street, Baltimore, Requesting V. S. No. 1.

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Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

	Example I	e primario de la companio del companio de la companio della compan	Example II	
The principal cause of importance were as	f death and related causes	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	PEGFIVE	1915	Attack of epilepsy	1 week ago
Chronic interstitial neph	this - L V L	1921	Run over by street car	1 week ago
Corebral hemorrhage	FED # 1004	July 5,1927	Peritonitis	3 days ago
	BURTANYS			
Other contributory ca	uses of importance:		Other contributory causes of importance:	
Gallstones		Moy 1,1923	Gostroenteritis	1 year

Nov.	

BINDING

FOR

ESERV

1 PLACE OF DEATH

illage or City Me Rainier (No. 33	(18 R 2 ast.; Ward) [If death occurred in a hospital or institution, give its NAME instead of street and number.]
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
Male White (Widowed)	16 DATE OF DEATH 10 , 1924 (Year)
DATE OF BIRTH    Net	that I last saw h Malive on the date stated above, at Last The CAUSE OF DEATH * was as follows:
CCCUPATION (a) Trade, profession, or particular kind of work (b) General nature of industry business, or establishment in which employed (or employer)  BIRTHPLACE (State or country)	Contributory Arous MANAGERAL MANAGERA MANAGERA MANAGERA MANAGERA MANAGERA MANAGERAR MANAGERA MANAGERA MANAGERA MANAGERA MANAGERA MANAGERA MANAGERAR MANAGERA
OF FATHER James 1 orld  11 BIRTHPLACE OF FATHER (State or Jountry) 12 MAIDEN NAME	(Signed) (Buralion) yra mos.  (Signed) (Address) MT AMM No.  *State the Dispasse Causing Drath, or, in deaths from Violent Causes, state (1) Means of Injury; and (2) whether Accordingly, Suncidal or Homeroal.
of Mother Mary Schrader  13 BIRTHPLACE OF MOTHER (State or country)  4 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE (Informant)  Ordinary  Ordinary  Ordinary	18 LENGTH OF RESIDENCE FOR HOSPITALS, INSTITUTIONS, TRANSIENT OR RECENT RESIDENTS) Al place In the of death yrs. mos. 2 ds. State, yrs. mos
(Address) Mo Painier med  Filed Jan 1 , 1974 Dr. Harry Nally  BEGISTRAR	Bladensburg MC Jane 12.1913: 20 UNDERTAKER  ADDRESS  AMAGINATION

STATE OF MARYLAND

[Approved by U. S. Census and American Public Health Association.]

write None. business, that fact may be indicated thus: Farmer (retired state occupation at beginning of illness. or given up on account of the DISEASE CAUSING DEATH, Housemaid, etc. taken to report specifically the occupations of persons employed, as At school or At home. Care wife, Housework, or At Home, and children, not gainfully who receive a definite salary), may be entered as House--Coal mine, etc. Women at Lone, who are engaged in the duties of the household only (not paid Housekeepers engaged in domestic service for wages, as Servant, Cook, precise specification as Day laborer, Farm laborer, Laborer "Foreman," "Manager," "Dealer," etc., without more of the second statement. Never return "Laborer," mobile factory. mill; (a) Salesman, (b) (rocery; (a) Foreman, only when needed. As examples: (a) Spinner, (b) Catton is provided for the latter statement; it should be used business or industry, and therefore an additional line know (a) the kind of work and also (b) the nature of the especially in industrial employments, it is necessary to engineer, Stationary fireman, etc. cian, Compositor, Architect, Locomotive engineer, Carl first line will be sufficient, e. g., Farmer or Planter, Physi-For many occupations a single word or term on the applies to each and every person, irrespective of age. ness of various pursuits can be known. The question tion is very important, so that the relative healthful-Statement of Occupation-Precise statement of occupa-For persons who have no occupation whatever, The material worked on may form part If the occupation has been changed But in many cases, If retired from should be (b) Auto-

Statement of Canse of Death—Name, first, the DISEASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia, Bronchopneumonia ("Pneumonia, menin-unqualified, is indefinite); Tuberculosis of lungs, menin-

on statement of cause of death approved by Committee on Nomenclature of the American Medical Association.) under the head of "Contributory." (Recommendations and consequences (e. g., sepsis, tetanus) may be stated head-homicide; Poisoned by carbolic acid-probably Struck by railway train-accident; Revalver wound of SUICIDAL, or HOMICIDAL, or as probably such, if impossible to determine definitely. Examples: Accidental drowning: state MEANS OF INJURY and qualify as ACCIDENTAL, birth or miscarriage as "Pterperal septicharmia," rete. State cause for which cause. surgical operation was undertaken. For violent deaths mus," "Old Age," "Shock," "Uracmia," "Weakness, etc., when a definite disease can be ascertained as the "Heart failure," "H emorrhage," "Inanition," "Marasgenital," "Senile," "Anaemia" (merely symptomatic), "Atrophy," "Collapse," "Coma," "Convulsious," "Debility" ("Consymptoms or terminal conditions, such as "Asthenia," chopneumonia rent) affection need not be stated unless important. nephritis, ctc. cough; Chronic valvular heort disease; Chronic interstitial Example: Measles (disease causing death), 29 ds.; Bron-"Tumor" for malignant neoplasms); Measles: Whooping Always qualify all diseases resulting from child-The nature of the injury, as fracture of skull, (secondary), 10 ds. Never report merc The contributory (secondary or intercuretc.), "Dropsy," "Exhaustion,"

If this certificate is looked over thoroughly and all questions answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanently filed.

STATE OF MARYLAND—	CERTIFICATE OF DEATH 06696
1. PLACE OF DEATH	F2
County Pinal Glorge	Registration Dist. No. 242
Village or City Cafelal Sugar	ND. St., Ward
Length of residance in gity or town where death occurradyrs,mos.	death occurred in a horpital or institution, give its NAME instead of street and number) ds. How long in U.S. if of foraign birth?yrsmosds.
2. FULL NAME Harry Garren. Il	ella.
(a) Residence: No. 2 klimone (and	St. Ward.
(Usual place of abode)	If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDDWED, OR DAYORCED (write the world)	21. DATE OF DEATH  (Month) (Day) (Year)
5a. If marriad, widowad, or divorced HUSBAND of (or) WIFE or Trove wa Mille;	22. I HEREBY CERTIFY, That I attended deceased from
6. DATE OF BIRTH (month, day, and year) Seld 3. 1875	I last saw h and aliva on Day 19 % ( death is said
7. AGE Years Months Days If LESS than	to have occurred on the date stated above, at \$2.7 m.
58, 4 19 1 day,hrs.	The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:
9 Trade profession or particular	Caremona of Jago Date of onset
kind of work done, as SPINNER, SAWYER, BODKKEEPER, etc.	6.0
9. Industry or business In which work was done, as SILK MILL, SAW MILL, BANK, etc	The primary lesion was a cardinomal.
kind of work done, as SPINNER, SAWYER, BDDKKEEPER, etc.  Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc.  11. Total time (years) spant in this occupation (month and year)  Occupation	of the right malaa eminence.
1.0	Other Coutributory Causes of importance:
12. BIRTHPLACE (city or town) (State or country)	
13. NAME Thomas Hills.	
13. NAME Juongo Hills.  14. BIRTHPLACE (city or town) Change Chan	Name of operation Date of
(State of country)	What test confirmed diagnosis?
15. MAIDEN NAME Mary Standard  16. BIRTHPLACE (city or town)	23. If daath was due to external causas (VIOLENCE) fill in also the following:
16. BIRTHPLACE (city or town)	Accident, suicida, or homicide? Date of injury, 19
(State or country)	Whare did injury occur? (Specify city or town, county and State)
17. INFORMANT CLOTTUS JULIUS (Addrass) (ed 1746.	Specify whethar Injury occurrad in INDUSTRY, in HOME, or In PUBLIC PLACE.
18. BURIAL CREMATION, DR REMOVAL Lapel Date /- 2 J 1934	Manner of injury
19. UNDERTAKER Ay freston Myd	24. Was disease or injury In any way related to occupation of dacaased? The
20. FILED Jan 25, 1934 Jahr L. E. West	(Signed) Joseph D. Chonyl M. D.
If more blanks are needed address State Projection	N Chalada Baltina Barrer (71 C N

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done. 9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail mcrchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

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Example I		Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
PHILE			
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

V. S. No. 1

OTALL OF MARKETAND CERTIFICATE OF DEATH	STATE OF	MARYLAND—CERTIFICATE OF DEATH	006
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5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Addie Williams  22. I HEREBY CERTIFY. That I attended deceases of the control of	
Village or City College Ferk  No.  Length of residence in city or town where death occurred to a hospital or institution, give its NAME instead of street and number of the	
Length of residence in city or town where death occurred 4 yrs. 2 mos.  2. FULL NAME Charles Williams  (a) Residence: No. 2524 79 St. N.W.  (Usualplace of abode)  PERSONAL AND STATISTICAL PARTICULARS  3. SEX 4. COLOR OR RACE COLOR OR RACE OF DIVORCED (prince tha word)  Married  5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Addie Williams  6. DATE OF BIRTH (month, day, and year) Nay 4, 1895  7. AGE Years Months Days If LESS than Iday, hrs. or min.  3. Sex North, BOOKKEEPER, etc.  9. Industry or business in which work was dona, as SILK MILL, SAWIER, BOOKKEEPER, etc.  9. Industry or business in which work was dona, as SILK MILL, SAWIER, BOOKKEEPER, etc.  10. Date deceased last worked at this occupation (month and year) 1754  11. Total time (years) Spent in this occupation (month and year) 1754  12. BIRTHPLACE (city or town).	Mond
2. FULL NAME  (a) Residence: No. 2524 Typ St. N.W.  (Usual place of abode)  PERSONAL AND STATISTICAL PARTICULARS  3. SEX  March Colored  A COLOR OR RACE Colored  OR DIVORCED Courie the word)  Sa. If married, widowed, or divorced HUSSAND of (or) Wife of Addie Williams  5a. If married, widowed, or divorced HUSSAND of Addie Williams  22. I HEREBY CERTIFY That I attended deceases.  5a. DATE OF BIRTH (month, day, and year) Nay 4, 1895  To have occurred on the data stated above, at	
(a) Residence: No. 2524 Tyo St. N.W.  (Usual place of abode)  PERSONAL AND STATISTICAL PARTICULARS  3. SEX	ds.
(Usual place of abode)  PERSONAL AND STATISTICAL PARTICULARS  3. SEX Male  4. COLOR OR RACE Colored S. SINGLE, MARRIED, WIDOWED, OR DIVORCED (graine the word) Married  (Month)  5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (graine the word) Married  (Month)  5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (graine the word)  (Month)  (Day)  193  22.  1 HEREBY CERTIFY That I attended deceased.  19 to	
PERSONAL AND STATISTICAL PARTICULARS  3. SEX	
3. SEX Mele 4. COLOR OR RACE Colored S. SINGLE, MARRIED, WIDOWED, OR DIVORCED (purise tha word)  Sa. If married, widowed, or divorced HUSBAND of (or) WIFE of Addie Williams  22. I HEREBY CERTIFY. That I attended deceased by the state of th	
Male Colored OR DIVORCED (write tha word) Married (Month)  5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Addie Williams  22. I HEREBY CERTIFY. That I attended decea  5b. DATE OF BIRTH (month, day, and year) May 4, 1895  7. AGE Years Months Days If LESS than 1 day, hrs. or min.  24 Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEPER, etc.  9. Industry or business In which work was dona, as SILK MILL, SAW MILL, BANK, etc.  10. Date deceased last worked at this occupation (month and year)  11. Total time (years) spent in this occupation  Dther Centributory Causes of importance:  12. BIRTHPLACE (city or town)	
5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Addie Williams  22. I HEREBY CERTIFY. That I attended deceased as this occupation (month and year)  10. Date deceased last worked at this occupation (month and year)  12. BIRTHPLACE (city or town)  22. I HEREBY CERTIFY. That I attended deceased last widowed, or divorced HUSBAND of (or) Wife of Addie Williams  24. I HEREBY CERTIFY. That I attended deceased last who is attended deceased last wind or widow. Addie williams  11. Total time (years) spent in this occupation (month and year)  12. BIRTHPLACE (city or town)  13. I HEREBY CERTIFY. That I attended deceased last who what I attended have a tender who what I attended have a tender who have a tender	(Year)
6. DATE OF BIRTH (month, day, and year) NAY 4, 1895  7. AGE Vears Months Days If LESS than 1 day, hrs. or min.  38  26 It less than 1 day, hrs. or particular kind of work done, as SPINNER, SAWYER, BOOKKEPER, etc.  9. Industry or business In which work was dona, as SILK MILL, SAW MILL, BANK, etc.  10. Date deceased last worked at this occupation (month and year)  11. Total time (years) spent in this occupation (month and year)  12. BIRTHPLACE (city or town)  13. Date deceased of importance:  14. Total time (years) spent in this occupation (month and year)  15. Date deceased last worked at this occupation (month and year)  16. Date deceased last worked at this occupation (month and year)  17. Date deceased last worked at this occupation (month and year)  18. Day of Less than 19. The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:  19. The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:  19. The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:  10. Date deceased last worked at this occupation (month and year)  10. Date deceased last worked at this occupation (month and year)  11. Total time (years) spent in this occupation  12. BIRTHPLACE (city or town)	
6. DATE OF BIRTH (month, day, and year) Nay 4, 1895  7. AGE  Years  Months  Days  If LESS than  1 day, hrs. or min.  The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:  Date of Birth (month, day, and year) Nay 4, 1895  I last (wh. Milive on. day 4, 19 dea to have occurred on the data stated flowe, at. m.  The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:  Date of Birth (month, day, and year) 19 dea to have occurred on the data stated flowe, at. m.  The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:  Date of Birth (month, day, and year) 19 dea to have occurred on the data stated flowe, at. m.  The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:  Date of Birth (month, day, and year) 19 dea to have occurred on the data stated flowe, at. m.  The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:  Date of Birth (month, day, and year) 19 dea to have occurred on the data stated flowe, at. m.  The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:  Date of Birth (month, day, and year) 19 dea to have occurred on the data stated flowe, at. m.  The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:  Date of Birth (month, day, and year) 19 dea to have occurred on the data stated flowe, at. m.  The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:  Date of Birth (month, day, and year) 19 death (month and year	
7. AGE Years Months Days If LESS than 1 day, hrs. or min.  38  38  38  30  30  30  30  30  30  30	19 .5
The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:  The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:  The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:  Date of the deceased of importance were as follows:  The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:  The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:  The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:  The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:  The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:  The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:  The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:  The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:  The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:  The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:  The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:  The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:  The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:  The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:  The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:  The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:  The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:  The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:  The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:  The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:  The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:  The PRINCIPAL CAUSE OF DEATH and related causes of importance were as fol	th is sald
Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEPER, etc.  9. Industry or business In which work was done, as SILK MILL, SAW MILL, BANK, etc.  10. Date deceased last worked at this occupation (month and year)  12. BIRTHPLACE (city or town)  were as follows:   Actual Cacles Audita  Actual Cacles Audita  Cacute Augustian  Date of work done, as SPINNER, SAWYER, BOOKKEPER, etc.  9. Industry or business In which work was done, as SILK MILL, SAW MILL, BANK, etc.  10. Date deceased last worked at this occupation (month and year)  Date of work done, as SPINNER, SAWYER, BOOKKEPER, etc.  9. Industry or business In which work was done, as SILK MILL, SAW MILL, BANK, etc.  10. Date occupation (month and year)  Date of work done, as SPINNER, SAWYER, BOOKKEPER, etc.  9. Industry or business In which work was done, as SILK MILL, SAW MILL, BANK, etc.  Details of work done, as SPINNER, SAWYER, BOOKKEPER, etc.  9. Industry or business In which work was done, as SILK MILL, SAW MILL, BANK, etc.  Details of work done, as SPINNER, SAWYER, BOOKKEPER, etc.  9. Industry or business In which work was done, as SILK MILL, SAW MILL, BANK, etc.  Details of work done, as SPINNER, SAWYER, BOOKKEPER, etc.  Details of work done, as SPINNER, SAWYER, BOOKKEPER, etc.  Date of work done, as SPINNER, SAWYER, BOOKKEPER, etc.  Details of work was done, as SILK MILL, SAWYER, BOOKKEPER, etc.  Details of work was done, as SILK MILL, SAWYER, BOOKKEPER, etc.  Details of work was done, as SILK MILL, SAWYER, BOOKKEPER, etc.  Details of work was done, as SILK MILL, SAWYER, BOOKKEPER, etc.  Details of work was done, as SILK MILL, SAWYER, BOOKKEPER, etc.  Details of work was done, as SILK MILL, SAWYER, BOOKKEPER, etc.  Details of work was done, as SILK MILL, SAWYER, BOOKKEPER, etc.  Details of work was done, as SILK MILL, SAWYER, BOOKKEPER, etc.  Details of work was done, as SILK MILL, SAWYER, BOOKKEPER, etc.  Details of work was done, as SILK MILL, SAWYER, BOOKKEPER, etc.  Details of work was done, as SILK MILL, SAWYER, Etc.  Detai	
SAWYEN, BUOKKEPPER, etc.  9. Industry or business In which work was done, as SILK MILL, SAW MILL, BANK, etc.  10. Date deceased last worked at this occupation (month and year)  11. Total time (years) spent in this occupation month and year)  Description of importance:	a of onset
yaar) Occupation Dther Contributory Causes of importance:	0.5
yaar) Occupation Dther Contributory Causes of importance:	
yaar) Occupation Dther Contributory Causes of importance:	4
yaar) Occupation Dther Contributory Causes of importance:	
12. BIRTHPLACE (city or town)	
13. NAME Henry Williams	
13. NAME Henry Williams  14. BIRTHPLACE (city or town)  Other Date of	
(State of country) What test confirmed diagnosis? Was there an autons	
15. MAIDEN NAME TISIS PICKST 23. If death was due to external causes (VIOLENCE) fill in also the following:	
Application and the second sec	19
Whera did injury occur?	
17. INFORMANT Addio Williams Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.  (Address) 2524 70 st. Wash., D.C.	
18. BURIAL, CREMATION, OR REMOVAL	
Place Wash., D.C. Data 1/30 ,1934 Nature of injury	
19. UNDERTAKER Francis Gasch's Sons 24. Was disease or injury in any way related to occupation of deceased?  (Address) Hyattsvillo Nd. If so, specify	
20. FILED fan 30-, 1934 John De Smith (Signed) William Place (Address Line Head	M. D

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

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Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
1915	Attack of epilepsy	1 week ago
1921	Run over by street car	1 wcek ago
July 5, 1927	Peritonitis	3 days ago
	Other contributory courses of in-	
May 1,1923		1 year
	1915 1921 July 5, 1927	of importance were as follows:  Attack of epilepsy  1921 Run over by street car  July 5, 1927 Peritonitis  Other contributory causes of importance:

V. S. No. 1 B ż

A Super	SIAIL	OF MAR	YLAND-	CERTIFICATE OF DE	ATH 00695
1. PLACE OF D	EATH	a		(93-e)	
County	musec 4	kons	0	Registration	n Dist. No. 23/
Village or City	V French	word		No fedra o beso	
		1	/ (li	death occurred in a hospital or institution, give its NAN	ME instead of street and number)
Length of residence	in city or town where	death occurred	yrsmos	ds. How long in U.S. if of foreign birth?	yrsmosds.
2. FULL NAME	Llinga	elstle	Wilso		
(a) Residence: N	0. 4.6162	Corwood	Drier Of	Cust Clewas Tel.	men.
		(Usual place		300000	nt give city or town and State
	AND STATIST	1		MEDICAL CERTIFICAT	E OF DEATH
3. SEX 4. C	OLOR OR RACE		RIED, WIDOWED,  D (write the word)	21. DATE OF DEATH	
77	W	Tool	in	(Month)	(Day) (Year)
5a. If married, widowed, or HUSBAND of	divorced	1. 10/	1	22. I HEREBY CERTIF	F Y, That I attended deceased from
(or) WIFE of	Ou	ulle VI	Uson	max, 19 1933 to	That I attended deceased from
6. DATE OF BIRTH (month	day and year)	R. O	1800	I last saw h A alive on to	27, 19.3 (; death is said
7. AGE Years	Months	Days	If LESS than	to have occurred on the date stated above, et_/2	20 Pm
76	9	10	I day,hrs.	The PRINCIPAL CAUSE OF DEATH and related can	uses of importance
Trade, profession,	or particular		i or min.	were as follows:	Date of enset
kind of work d SAWYER, BOOK	one, as SPINNER, (KEEPER, etc.	un	2	(A) : 10-	
>9 Industry or busine	ss In which	-1	· 1	throng Myra	Jetes
work was done SAW MILL, BA		Atousur	Yele.		
- I Cuis occupation	(month and	11. Total ti sper	mê'(years) it in this		
year)		0000	pation	Other Contributory Causes of Importance:	
12. BIRTHPLACE (city or to	you Mester	1- 1 Fret	3-1		
(State or country)	Prossle	ne a	extant	Demlite	
13. NAME  14. BIRTHPLACE (city	we front	mein			
14. BIRTHPLACE (city		0	•	Name of operation	Date of
1 (State of count	ry)	Jeun	W	What test confirmed diagnosis?	Was there an autopsy?
15. MAIDEN NAME  16. BIRTHPLACE (city	ann X	lufen	au	23. If death was due to external causes (VIOL ENCE)	fill in also the following:
5 16. BIRTHPLACE (city		0	1	Accident, suicide, or homicide?	Date of injury, 19
(State or count	(y)	Traves		Where did Injury occur?	
17. INFORMANT	Willo.	1	a	Specify whether injury occurred in INDUSTRY, in H	or town, county and State) IOME, or In PUBLIC PLACE.
(Address)	16 Hours	-12-Cl	en George The	B.	
18. BURIAL, CREMATION, C	R REMOVAL	· Om	27.7. 20	Manner of Injury	
Place	1	Date Date	,19.	Nature of injury	
19. UNDERTAKER	luns ,	T AR	eare	24. Was disease or injury in any way related to occu	pation of deceased?
(Address)	6 > 3 - lag	un ple	wagkor	If so, specify	70.
20. FILED /2+/	1934 10,	wi un	rapore	(Signed) / schaed 3.	Giladian M. D.
		Klip Vacl	Registrar.	(Address) 2012 Rest 2	www. Wach OT

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home kousework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.
9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mcchanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

ncipal cause of death and related causes Date of onset rtance were as follows:
f epilepsy 1 week ago
· by street car 1 week ago
is 3 days ago
ontributory causes of importance:  teritis 1 year

V. S. No. 1

6. DATE OF BIRTH (month, day, and year)  7. AGE  Years  Months  Days  If LESS than to have occurred on the date stated abova, at 7 P. m.  The PRINCIPAL CAUSE OF DEATH and related causes of importance was as follows:	STATE OF MARTLAND	CERTIFICATE OF DEATH
Village or City  No. 6024 Support St., Ward  (If death occurred in a horpital or institution, give its NAME instead of street and number)  Langth of residence In city or town where daath occurred.  Yrs. mos. 7. ds. How long in U.S. if of foralgn birth?  PERSONAL AND STATISTICAL PARTICULARS  3. SEX  4. COLOR OR RACE  S. SINGLE, MARRIED, WIDOWED, OR DIVORCED (**apsize tha word)  OR DIVORCED (**apsize tha word)  5a. If married, widowad, or divorced HUSBAND of (or) WIFE of Or) WIFE of Action (The Color of the word)  6. DATE OF BIRTH (month, day, and year)  7. AGE  Years  Months  Days  If LESS than 1 day, hrs. or minute in a stated abova, at m.  The PRINCIPAL CAUSE OF DEATH and related causes of Importance were a stated abova, at m.  The PRINCIPAL CAUSE OF DEATH and related causes of Importance were as efficience.	1. PLACE OF DEATH	10 00033
Village or City School St., Ward  (If death occurred in a horpital or institution, give its NAME, instead of street and number)  Langth of residence In city or town where daath occurred	County orince george	Registration Dist. No. 2 42
Langth of residence In city or town where daath occurred	Village or City Silva Vista	" 1031/8/ 8/10/
2. FULL NAME Ood Charles Colored  (a) Residence: No. House of abode)  PERSONAL AND STATISTICAL PARTICULARS  3. SEX  4. COLOR OR RACE  S. SINGLE, MARRIED, WIDOWED, OR DIVORCED (*write tha word)  5a. If married, widowad, or divorced HUSBAND of (or) WIFE of Or)  (or) WIFE of OF DEATH  21. DATE OF DEATH  (Month)  (Month)  (Day)  (Yea)  1 HEREBY CERTIFY. That I attended decaased from 1933, to 5, 1934, daath is said to have occurred on the date stated abova, at	()E	death occurred in a hospital or institution, give its NAME instead of street and number)
(a) Residence: No. House State Cedar Set., Ward.  PERSONAL AND STATISTICAL PARTICULARS  3. SEX  4. COLOR OR RACE OR DIVORCED (write tha word)  5a. If married, widowad, or divorced HUSBAND of (or) WIFE of HUSBAND of (ar) WIFE of HUSBAND of (or) WIFE of WIFE or WI		ds. How long in U.S. if of foralgn birth? yrs. mos. ds.
PERSONAL AND STATISTICAL PARTICULARS  3. SEX  4. COLOR OR RACE OR DIVORCED (write tha word)  5a. If married, widowad, or divorced HUSBAND of (or) WIFE of Part (month, day, and year)  6. DATE OF BIRTH (month, day, and year)  7. AGE  Years  MEDICAL CERTIFICATE OF DEATH  MEDICAL CERTIFICATE OF DEATH  (Month)  (Day)  (Year)  1 HEREBY CERTIFY. That I attended decaesed from the date stated abova, at	2. FULL NAME Wood Charles L	Ufred
PERSONAL AND STATISTICAL PARTICULARS  3. SEX  4. COLOR OR RACE OR DIVORCED (write tha word)  5a. If married, widowad, or divorced HUSBAND of (or) WIFE of  6. DATE OF BIRTH (month, day, and year)  7. AGE  Years  MEDICAL CERTIFICATE OF DEATH  (Month)  (Day)  (Year)  1 HEREBY CERTIFY, That I attended decaased from 1 last saw h. 1 a liva on 1 last saw h. 1 last saw h. 1 a liva on 1 last saw h. 1 a last saw		
5a. If married, widowad, or divorced HUSBAND of (or) WIFE of Place Course Cours		
5a. If married, widowad, or divorced HUSBAND of (or) WIFE of CERTIFY. That I attended decaased from 1933, to 1933, to 1934, daath is said to have occurred on the date stated abova, at 1934, daath is said to have occurred on the date stated abova, at 1934, daath is said to have occurred on the date stated abova, at 1934, daath is said to have occurred on the date stated abova, at 1934, daath is said to have occurred on the date stated abova, at 1934, daath is said to have occurred on the date stated abova, at 1934, daath is said to have occurred on the date stated abova, at 1934, daath is said to have occurred on the date stated abova, at 1934, daath is said to have occurred on the date stated abova, at 1934, daath is said to have occurred on the date stated abova, at 1934, daath is said to have occurred on the date stated abova, at 1934, daath is said to have occurred on the date stated abova, at 1934, daath is said to have occurred on the date stated abova, at 1934, daath is said to have occurred on the date stated abova, at 1934, daath is said to have occurred on the date stated abova, at 1934, daath is said to have occurred on the date stated abova, at 1934, daath is said to have occurred on the date stated abova, at 1934, daath is said to have occurred on the date stated abova, at 1934, daath is said to have occurred on the date stated abova, at 1934, daath is said to have occurred on the date stated abova, at 1934, daath is said to have occurred on the date stated abova, at 1934, daath is said to have occurred on the date stated abova, at 1934, daath is said to have occurred on the date stated abova, at 1934, daath is said to have occurred on the date stated abova, at 1934, daath is said to have occurred on the date stated abova, at 1934, daath is said to have occurred on the date stated abova, at 1934, daath is said to have occurred on the date stated abova, at 1934, daath is said to have occurred on the date stated abova, at 1934, da	The state of the s	21. DATE OF DEATH
5a. If married, widowad, or divorced HUSBAND of (or) WIFE of HUSBAND of (or) W	Mall regro OR DIVORCED (write the word)	January 3 1934
6. DATE OF BIRTH (month, day, and year)  7. AGE  Years  Months  Days  If LESS than to have occurred on the date stated abova, at 7 P. m.  The PRINCIPAL CAUSE OF DEATH and related causes of importance was as follows:	5a. If married, widowad, or divorced	(Month) (Day) (Year)
6. DATE OF BIRTH (month, day, and year)  7. AGE  Years  Months  Days  If LESS than to have occurred on the date stated abova, at 7 P. m.  The PRINCIPAL CAUSE OF DEATH and related causes of importance was as follows:	(or) WIFE of Helen Wood	1 2 2 32 1 2 - 2
H 5 6 15 I day,hrs. The PRINCIPAL CAUSE OF DEATH and related causes of importance	6. DATE OF BIRTH (month, day, and year) June 20, 1888	. 0 = 1 = 311
or min was a followe:	The state of the s	to have occurred on the date stated above, at
		were as follows:
8. Trade profession or particular	8. Trade, profession, or particular kind of work done, as SPINNER, we ?	. Date of onset
SAWYER, BOOKKEEPER, etc. 1933	SAWYER, BOOKKEEPER, etc.	1933
work was dona, as SILK MILL Cutorcobiles	work was dona, as SILK MILL Cutoruoliles	
11. Total time (years)	10. Date deceased last worked at this occupation (month and	
1° year) occupetion occupetion		
12. BIRTHPLACE (city or town) Washington Other Contributory Causes of importance:	12 RIRTHPLACE (city or town) Washington	Other Contributory Causes of importance:
(State or country)		
II 13. NAME Wood, Moses	E 13. NAME Wood, Moses	
13. NAME Wood, Noses  14. BIRTHPLACE (city or town)  Date of  Date of	I A BIDTUDIACE (situations)	Name of according VO 1/2
(State of country)	(Stata or country)	Q today - 1
	E 15. MAIDEN NAME DELLE SA SAL SAL SAL	7
15. MAIDEN NAME 15. MAIDEN NAME 23. If death was due to axternal causes (VIOLENCE) fill in also the following:	E CONTROL OF CO.	
16. BIRTHPLACE (city or town) Care Accident, suicide, or homicida? Date of Injury 19 (State or country)	State or country)	
(Specify city or town, county and State)	14. 0	(Specify city or town, county and State)
		Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.
(Addrass) 6 0 2 4 Sherry 1 6		
Placed LEGA D. AD R Date 1 - 6 19341 Manner or injury	111600 100 1-1- 1- 211	
Nature of injury	16 79 1	Nature of injury
19. UNDERTAKER A Van Street, 24. Was disease or injury in any way related to occupation of decaased?  (Address) 467 - 128 if so, specify if so, specify		
1 (Signed) The Addy Ping Roses in	0 1 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2	70 . 10 . 10
20. FILEO Jan 1934 Trace Alva Registrar. (Address) 812-44 Th St. D.C. A.C.	7	317-1111-104
If more blanks are needed, piddress State Registrar, 2411 N. Charles Street, Baltimore, Requesting V. S. No. 1.		

STATE OF MADVIAND CEDTIFICATE OF DEATH

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

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Example	their	Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5, 1927	Peritonitis	3 days ago
To the	( )		
Other contributory causes of importance		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year